TO FUNERAL DIRECTOR: After this certificate has been signed by the attending obsocian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate.

Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

A	MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECO	DEPARTMENT OF HEALTH IRDS, 301 W. PRESTON STREET, BALTIMORF 1 N	AARYI AND
1	04364 CERTIFIC		14359/
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	Residence before (dmission)
-	JAIDO MARYLAI	ND Maryland Ca	roline
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION/IF not in hospital, give street addi		e. IS RESIDENCE
-	Memorial Hospital	Preston Road	ON A FARM? YES NO X
	NAME OF DECEASED (Type or print) SHERRY (LYNN)	BANNING DEATH 3	Day Year 29 1966
	5. SEX 6. COLOR OR HACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNOER 24 HRS. Days Hours Min.
-	Female White wyogwed DIVORCED	March 29, 1906 yrs.	
	LDa. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR Juring most of working life, even if retired) INDUSTRY Infant	C	ITIZEN OF WHAT OUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	11-15
1	G. Gerald Banning	Sue Nagel	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) No Noe	17. INFDRMANT Address G.Gerald Banning, Federalsburg,	Md.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO	y Failure alus	INTERVAL BETWEEN ONSET AND DEATH
2	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20a. ACCIOENT WAS UNDERLYING CONTRIBUTING CAUSE OF OEATH CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING	OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18	19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour a.m. While at work at work	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	unty) (State)
	21. I certify that (I) (this hospital) attended the deceased from		C, that (I) (we) last
	22a. SIGNATURE & Boay but	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 3	he date stated above. ATE SIGNED -31-66
	222. PHYSICIAN'S NAME (TYP) ohn E. Baybutt	M. D. 2005 Farle are Fatte	n Not-
	Burial March 31, 1966 Hill Cr		ryland
P	24. FUNERAL DIRECTOR Transfer ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR	

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String March 31, 1955 Hill Crass

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

The Control of Death

The

	04365		Tt.	CERTIF	ICATE	OF DEATH	mh		114	3611
1.	PLACE OF DEAT a. COUNTY	Н					E (Where deceases		tion: Resident	ce before admission)
	4,000,,,,	TALDO		MARY	/LAND	a. STATE MA	Ruland	b. COUNTY	TALL	ot
	b. CITY OR TOW	VN (if outside co and give neare	orporate limits,	C. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If		te limits, write	RURAL and g	ive nearest town)
1		Chaet	ist town)	1418		24. V	1 ichae	<	20	-1
_	d. NAME OF HO	SPITAL OR INST	ITUTION (if not in h	ospital, give street a	address)	d. STREET ADDRESS	,	1	11	e. IS RESIDENCE ON A FARM?
	Riol	lista 1	MOLZING	Home	_0.0	KYYYXY	TYA/ Mall	781/V/JE/	HIME	YES NO V
3.	NAME OF DECEASED (Type or print)	10	First	PMIddle	Rlac	Last	4. DATE OF DEATH	Month	Da	Year 19-
5.	SEX	6. COLOR OR	RACE 7 MARRIED	NEVER MARRIE	D 8	DATE OF BIRTH	9. AG			R IF UNDER 24 HRS
	M	W	WIDOWED	DIVORCE		Aug. 10, 18		d birthday) Mo	nths Days	Hours Min.
30	a. USUAL OCCUPATION most of work	FION (Give kind o	f work done 10b. K	CIND OF BUSINESS OF	Rif	11. BIRTHPLACE (Co	ounty & State, or f	oreign country)	12. CITIZEN COUNTR	OF WHAT
	rain Co	and nata	1- 1C	alload-1	wild	TALLOT	YYG	,	0.5	4
1	B. FATHER'S NAM	R	1 - 0			14. MOTHER'S MAID	EN NAME	< 1.1	1	
_	5. WAS DECEASED	Dry 10	13062	SOCIAL SECURITY NO	0. 17.	ELIZAL	Deth	Address	7000	
	es, no, or unkown)			7 AT SALIE	0. 17.	INFORMANT -	T.	Audress	2/1	Like
=	NO	DEATH CE-A		1-07-034	711	· I VOWEL	ENGLU	9AM	DENT	on' WA'
		EATH WAS CAUS		line for (a), (b), and (C). I	. On th	Parent.	2011		ERVAL BETWEEN
	11112	IMMEDIATE (CAUSE (a)	sorto V	apr	icion on	syrico			4 -
	Conditions, If	any which \	DUE TO	701011	6.	A. Can	diaV.	o's of		
	gave rise to	Immediate ((b) DUE TO	wage	un.	Hami	0	-	100	
	cause (a), s underlying caus		(c)							
NO				UTING TO DEATH BUT	NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITI	ON GIVEN IN PAR	T 1(a) 19.	. WAS AUTOPSY
ICAT	Hen	o los	Tais	u. Ex	1 6	21			Y	PERFORMED?
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYI	ING DEATH 20b.	DESCRIBE HOW INJU	RY OCCU	RRED. (Enter nature of	Injury In Part I	or Part II of it	em 18.)	
	(IF EITHER, NO	TIFY MEDICAL	EXAMINER)							
MEDICAL	20c. TIME OF Hour a.	INJURY Month				E OF INJURY (Home, fa		or town)	(County)	(State)
MED		m.	19 While at wor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
	21. I certif	fy that (I) (this	s hospital) attend	led the deceased f	rom	962,1	9 to 3	-/2	1960, t	that (I) (we) last
		ceased alive of	on 5 6	1966,	and that	death occurred at	M, from i			
	222. SIGNATU	RE MAN	1/2/20	JONA			MED.	STAFF -	2b. DATE S	IGNED
1	22c. PHYSICAL	AN'S	7 100	1	M.D.	PHYS. 22d. ADDRESS	DIRECTOR L	PHYS. L.	10	66
	NAME (T		Reeser,	Un.		24.W	lichaels	Md.		
23			DATE THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY		ION (City, town	or county)	(State)
1	BUCIA (SD	ecity) 3-	16-66	Angel	H;	H CEM.	HAVE	e de XII	95.	Md.
2	4. FUNERAL DIR	ECTOR 4/1	7/11	AODRESS	16		DE REGISTRA	R 25 REGIS	TRAR'S SIG	NATURE
1	1. Made	And Ille	1/10/10/1/	Marson	11/1	DATE	T 1 1300	1	L'an	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04366 CERTIFICATE OF DEATH death. death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY. ve carbon papers. Pages 1 event, within 72 hours after 6 MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 4510 三 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NOK YES within completely i NAME DE Middle Last 4. DATE Month Day Year DECEASED DEATH (Type or print) 0-19 ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. SEX DATE OF BIRTH emove 6. COLOR OR RACE 7. MARRIED NEVER MARRIED any and male 8 1880 WIDOWED DIVORCED Vrs. = 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) CDUNTRY? be INDUSTRY 1 alivnavi THUMBUCO certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph arred the atte. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY ND. 17. **INFORMANT** Address I wanit, Tred death cremation, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). been signed that it is the burial, creming to burial, creming the burial to PART I. DEATH WAS CAUSED BY 1112 or aftending physician IMMEDIATE CAUSE (DUE TO Conditions. If any, which gave rise to immediate as the b DUE TO cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? this certificate ND YES the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) of detached Dept. MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State a.m. After d be d While Not While be retained by at work at work p.m. 19 DIRECTOR: A age 3 should filed with the \$ 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at DATE SIGNED SIGNATURE page : ATTENDING PHYS. DIRECTOR PHYS M.D. HOSPITAL TO FUNERAL 22c. PHYSICIAN'S ADDRESS 22d. director, p NAME (Type) 230, BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) win 24. / FUNERAL DIRECTOR VR AIS (4) DATE 1/65

1084 Lusten Language Control M. English Life James Steedard Bridges to 3 66 CALLY SERVICE CONTRACTOR OF THE SERVICE CONT And the state of t

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please fillower carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the sylvent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND
F DFATH 04369 DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 01.200

U%301	KIII IOATE OI	PEAIII	U Z e	10/2
1. PLACE OF DEATH			eceased lived, If Institution: R	esidence before admission)
a. COUNTY / ba +		STATE	b. COUNTY	1
	MARYLAND H OF STAY IN 1b C. CI	TV OD TOWN (15 distribution on	rporate limits, write RURAL	and give nearest town)
write RURAk and give nearest town)	TOP STAT IN 10 C. CT	/	ipotate illilits, write nonac	and give meatest towny
LASTON L	te b	ASton		20-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giv	e street address) d. ST	REET ADDRESS		e. IS RESIDENCE ON A FARM?
77+1 Box 222		R+1, Bo.	x 222	YES NOX
3. NAME OF First	Alddle	Last 4. DATE	Month	Day Year
(Type or print) NAhh	MA Br	OOKS DEAT	н 3	11 1966
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER			. AGE (In years IF UNDER	
4 - 1 - 0 - 1	- 1/ -) - 7/1	last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUS	DIVORCED //O	BIRTHPLACE (County & State	yrs. 12. C	ITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	0 - / -	100	CC	DUNTRY?
13. FATHER'S NAME	estici 1	VIARYIA	20016	CSA
13. FATHER'S NAME	14.	WOTHER'S MAIDEN NAME		
John DESHIELD	15 It	112Abet	-6 Broo	15
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	CURITYNO. 17. INFORM	MANT,	Address /	n d
(11 yes upe war of dates of service)	- Dos	thy socox	is taste	4 Micos
18. CAUSE OF DEATH [Enter only one cause per line for (a),	(b), and (c),]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	· nelelen	1. 1.		ONSET AND DEATH
IMMEDIATE CAUSE (a) COREMI	o servicione	paine 9	animia	yeard.
6000 DUE TO 0 C	N H	Mot		0
Cenditions, If any, which	CARL BUILT			
gave rise to immediate DUE TO				
undertyles seven leet				
	ATH DUT NOT DELATED TO	THE TERMINAL DISEASE CON	IDITION CIVEN IN PART 1(a)	119. WAS AUTOPSY
FARTH. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	AIR BUT NOT KELATED TO	A I D	ADITION GIVEN IN PART 1(a)	PERFORMED?
1 Mabella mellilley, A	3HD, HC	-VF		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE Diabetics mellicles A 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IOW INJURY OCCURRED.	Enter nature of Injury in P	Part I or Part II of Item 18.	.)
				(01-1-)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC	factom chac	NJURY (Home, farm, 20f.	(City or town) (Cou	inty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC Hour a.m. While Not W at work at work at work	nile —			
21. I certify that (I) (this hospital) attended the de	reaced from In -	/- 19/33 to	3-11-19/	that '(I) (we) last
		occurred at A & M fo	rom the causes and on t	
22a. SIGNATURE	allu tilat ucatil	occorred at 7 m, 11		ATE SIGNED
220. SIGNATURE & STATE OF THE S	ATT	ENDING MED.	STAFF D 2	12-10/1
Nace Recover	M.D. PHY		PHYS.	13 1/44
1 22c. PHYSICIAN'S NAME (Type) DaleR. Kollman	2, M.D. 220	1. ADDRESS Hans	son Sti; Ea	ston, Md
OCC. DUDIAL ODGALATION OCC. DATE THEREOF OCC. MA	ME OF CEMETERY OR CD	EMATORY 1 224 I	OCATION (City, towe-or/con	inty) (State)
23a BURIAL CREMATION, 23b. DATE THEREOF 23c. NA	ME OF CEMETERY OR CR	2 I	aston Ro) mon
24. JUNERAL DIRECTOR	DRESS h	25a: REC'D BY REG	ISTRAR 25b. REGISTRAR	S SIGNATURE
Kus Choung Con	mille	DATE/AR 16	1959 Cliant	en Judge
	-	I PAINT I	INDU /	-0-0

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	04368		CERTIFICAT	E OF DEATH		()	4363
1.	PLACE OF DEATH TALBOT		MARYLAND				Besidence before admission) ULEN ANNES
	b. CITY OR TOWN (If outside con EXAMPTURAL and give neares	t town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporat	e limits, write RURA	AL and give nearest town)
	d. NAME OF HOSPITAL OR INSTI- HOUSE IN THE P	INES - H	aspital give street address)	d STREET ADDRESS	Pla HE	ghts	e. IS RESIDENCE ON A FARM 2 YES NO
	(Type or print)	lliam	Purnell	Brown	4. DATE OF DEATH	Mar.	Day Year 6
M	SEX [ALE 6. COLOR OR R WHITE	WIDOWED	DIVORCED	8. DATE OF BIRTH Nov. 29.18	79 82	Months yrs.	
10 du C 13	a. USUAL OCCUPATION (GIVE KIND OF ring most of working life, even if r ETRECTEALS. FATHER'S NAME		IDUSTRY . C. L	11 BIRTHPLACE (C	E. Q.A.C.	reign country) 12.	COUNTRY?
	-1: 11 Da	www.	AND A COUNTY NO. 1 47	MARGAR	et K.	TURPIN	
(Y)	es, no, or unkown) (If yes give war or o	dates of service) 25	SOCIAL SECURITY NO. 17.	MARY F. B.	Rows, Ca	ENTREVILL	E. Md,
	18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY:	ine for (a), (b), and (c).]	ons c	stad	S	ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO (b) DUE TO	enolderd	in heat	disea	e.	severol year
ATION	underlying cause last. PART II. OTHER SIGNIFICANT CON	-		ATED TO THE TERMINAL O	DISEASE CONDITIO	ON GIVEN IN PART 1(a	PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX	VG □ 20b. □	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	f injury in Part i	or Part II of Item 1	YES NO X
MEDICAL	20c. TIME OF INJURY Month, Hour a.m. p.m.	Day, Year 2Dd. If While 19 at work	Not While facto	CE OF INJURY (Home, fa ory, street, office bldg., e	tc.)		ounty) (State)
	21. I certify that (I) (this saw the deceased alive or 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	hospital) attende	the deceased from 19 6 , and tha	ATTENDING	MED.	he causes and on	the date stated above. DATE SIGNED Colored G G
-	BURIAL, CREMATION, 23b. D REMOVAL (Specify)	ch 8, 1966	23c, NAME OF CEMETERY CORE TERMS	1 CEMETER	Mar Mar	ON (City, town or A	RY AND
1	Karton Bung	alin	rule Ma	· MAR	1 0 1966	Climal	as Oudre

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
a. CDUNTY Talkot MARYLAND	a. STATE THEY LAND b. COUNTY ()A	POLINA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If dutside corporate limits, write RURAL	and give nearest town)
Easton. 52 days	DENTON	05-2
d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Menorial		YES NO V
3. NAME OF First Middle R	Last 4. DATE Month	Day Year
	Hock. OF DEATH 3	20 1966
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIEO 8		
F WIOOWED D DIVORCED) PC. 11 1870 73 yrs. Months	Days Hours Min.
10a. USUAL DCCUPATION (Give kind of work done 10b. KINO DF BUSINESS DR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN DF WHAT
at home -	NEARYLAND IT	0877
13. FATHER'S NAME	14. MDTHER'S MAIOEN NAME	
CHARLES GRIFFI 17	MARGARIET VICKI	ERY
15. WAS OECEÁSEO EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	4104
1001	ABRILD. LISTER, DENTON.	M)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	. 01	INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Disseminates	I malignancy,	2/
1992 DUE TD -	ite not determined	ank
Conditions, If any, which gave rise to immediate (b)	ue not determined	noun
cause (a), stating the DUE TD		, 0
underlying cause last. (c)		Lan Was All Topov
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION OF THE CON	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMEO? YES ND
	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
청 20c. TIME DF INJURY Month, Oay, Year 20d. INJURY DCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (Courty, street, office bidg., etc.)	nty) (State)
20c. TIME DF INJURY Month, Oay, Year 20d. INJURY DCCURRED 20e. PLAC Hour a.m. While Not While at work at work	y, street, onice bidg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	, 19_45, to, 19	that (I) (we) last
saw the deceased alive on19, and that	death occurred at 32 M, from the causes and on the	e date stated above.
22a. SIGNATURE	22b. DA	TE SIGNED
Robert W. Trever M.D.	PHYS. DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type) Robert W. Trever, M.D.	22d. ADDRESS Easton, Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREDF REMDVAL (Specify) NOR 23 1966 23C. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town or cou	nty) (State)
24. FUNERAL DIRECTOR NOONESS AOORESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
		(/ 0 ==

0.000 -----THE MEDICAL STATE OF THE PROPERTY OF THE PARTY OF THE PAR La Michael X 7 The Land Marine M. Ted. ser, M.D. Markon, Wd. Straight the second of the sec TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regrove farbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	U4361)	CERTIFICATE	UF DEATH		1148165)
1.	PLACE OF DEATH		1	2. USUAL RESIDENCE	(Where deceased lived, If Inst	titution: Residence before adm	ission)
	a. COUNTY		Annual Control of the	a. STATE	b. COUN		
_	Talbo	N (if outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	Maryl	and Ta	1bot	townl
	write RURAL	and give nearest town)	C. LENGIN OF STAY IN 10	C. CITT OR TOWN (IT OL	itside corporate imits, wri	to KOKAT and Blae neglest	town
	Wwe Mil	ls	lovrs.	Wve M	ills.	20-1	
	d. NAME OF HOS	PITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIL	DENCE
				ALCOHOL:		T-many	101
3.	NAME OF	First	Middle	Last	4. DATE Month		
0.	DECEASED	11130	MILLOTO	Last	DF		
-	(Type or print)	Joseph	Parker Ca	llahan Srl	DEATH Marc	h 20 19	66-
5.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 2	Min.
	7.5	WIDOWED	DIVORCED	3/18/1900	66 yrs.	monuis Days nours	1916114
1Da dur	IN USUAL OCCUPAT	ION (Give kind of work done 1Db. k	IND OF BUSINESS OR		nty & State, or foreign country)	12. CITIZEN OF WHAT	7.33
	Retire		rmer	Talbot N	Maryland	II S A	
13.	. FATHER'S NAME		I IIIGI	14. MOTHER'S MAIDEN		100000	
15	WASDECEASEDE	VER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 1 17.	INFORMANT	Maher Address	•	
(Ye	es, no, or unkown)	(If yes give war or dates of service)	SUCIAL SECORTITINO. 17.	INFORMANT	Addres	3	
	no	2.	17-36-06/1	Rlanche K.	Callahan.	Wye Wills	Md
	18. CAUSE OF D	DEATH [Enter only one cause per l	ine for (a), (b), and (c).]			I INTERVAL BETV	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COI	onary Occlusion	n		instant	
	420	1	Onary occidence	•		LAISTE	P
	Conditions, If a		riosclerotic Va	accular Heart	Decease		
	gave rise to	immediate (b) Arte	rioscierotic va	asculativali	Descare	years	
	cause (a), st						
>	underlying cause						
CERTIFICATION		IGNIFICANT CONDITIONS CONTRIB		TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUT PERFORM	
CA	Rh	eumatoid Arthriti	is far advanced				10 🔀
TE	20a. ACCIDENT	WAS UNDERLYING 1 20b.	DESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of In	Jury In Part I or Part II of	Item 18.)	
ER	OR CONTRIBUTION	NG CAUSE OF DEATH					
			NJURY OCCURRED 2De. PLAC	C OF INNIDV/Home form	n, 2Df. (City or town)	(County) (St	ate)
MEDICAL	Hour a.m		factor	E OF INJURY (Home, farm y, street, office bldg., etc.	.)	(County) (St	ate
ME	p.m	1 4411110	k at work				
	21. L certify	that (1) (this hospital) attend	ed the deceased from	Nov. 16, 196	2 to March 20	2, 19 66, that (!) (we	e) last
		eased alive on March 1.	5. 1966 and that	death occurred at 10	:15, from the causes a	and on the date stated a	above.
	22a. SIGNATUR) and that	death cocontra at	III III III UU UUUUU	22b. DATE SIGNED	100101
	/.	19	100	ATTENDING ME	D. STAFF	9-27-1	1
	22c. PHYSICIAI	N'S - Way !!	M.D.	PHYS. DIF	RECTOR PHYS.	77 - 6	
	NAME (Ty		ryton	Ce	n72011	1e mel	
23a	BURIAL CREM	ATION.I 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (Sta	te)
	REMOVAL (Spe		11/2 1/1	y .	720 60	2	2
24	. FUNERAL DIREC		ADDRESS	MORIAU 1 25a, REC'D	BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE	
24	AL COOKE	1	COUNTESS)	23a. REC U	0/01	carles Judge	
	1 Wall	- CARK	Lasen 1K	DAVEAR	2 4 1966 1	ares judge	

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24 hours after death. an by the f Pages 1 urs after i completely filled in by the corporation of the corporation of the corporation of the cours of executed withln anyeye and ease re physician death certificate be ᆸ remova n signed by the attending pl burial-transit permit. Then burial, cremation, or remova ATTENDING PHYSICIAN: The law requires that the physician. has been s as the bu prior to bu attending has for use Health p r this certificate hadeached for use te Dept. of Health | the hospital or be de State Should be d retained DIRECTOR: At age 3 should liled with the S pe page filed 4 may TO HOSPITAL O FUNERAL director, p should be 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Maryland MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest/town) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock, R.F.D. OTO d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital. give street address d. STREET ADDRESS 2- Box 28 R.F.D. # NAME OF Middle DATE DECEASED (Type or print) DEATH TOR 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last_birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED April 1, 1894 Female Negro WIOOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Home Housework Dorchester County, Md. 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Nellie Lake Isaac Cornish 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 217-28-3747 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Ray 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 15 mach. 1965 saw the deceased alive on 26 March 19 66 22a. SIGNATURE ATTENDING DIRECTOR 22c. PHYSICIAN'S Stephen P.

BURIAL, CREMATION, 23b. DATE THEREOF

March 30,1966

REMOVAL (Specify)

Burial

Box 28 Address Daniel W. Coleman, Hurlock, Md. R.D.#2 INTERVAL BETWEEN ONSET AND DEATH · Qa 10 YRS WAS AUTOPSY PERFORMED? YES NO 20f. (City or town) (County) (State) 19 66 that (1) (we) last and that death occurred at 7 AM, from the causes and on the date stated above. 22b. DATE SIGNEO -28-66 AODRESS Easton, Maryland 3/28/66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Near Hurlock, Maryland Washington Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

b. COUNTY

Month

Dorchester

YES

Day

12. CITIZEN OF WHAT

COUNTRY?

e. IS RESIDENCE ON A FARM?

Year

19 6

NOK

VR A15 (4) 20M 1/65

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March 30,1966 Markington - certery Maryland

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Pages 1 b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page write RURAL and give nearest town) hours .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE d. STREET AOORESS θ. ON A FARM? YES DA NO within completely ove carbon p 3. NAME OF First Middle DATE Month Day Year Last 4. DECEASED 0F 3 (Type or print) OFATH 1966 executed SEX 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. | Isat birthday) | Months | Days | Hours | Min. 8./ DATE OF BIRTH 7. MARRIED remove ENALE and any = 10a, USUAL OCCUPATION (Give kind of work done) 10b, KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) INDUSTRY COUNTRY? HOUSE WILLE certificate 0 removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 INFORMANT 17. permit. 0 death (Yes, no, or unkown) | (If yes give war or dates of service) cremation, 2 the been signed by the strangit property for to burial, cremati CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSELAND DEATH PART I. OEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. has 38 ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. certificate hashed for use of Health p PERFORMEO? Lens NO X YES CERTIFI hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this certimed for detached for PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. After MEDI While - Not While ATTENDING p.m. 19 at work at work retained the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the 1966, and that death occurred at 10 3 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNEO 22b. pe page ATTENDING DIRECTOR M.D. PHYS. PHYS. 4 may HOSPITAL PHYSICIAN'S 22d. AOORESS FUNERAL 22C. pe TO FUNERA director, NAME (Type) should BURIAL, CREMATION, 23b. (State) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. 0 REMOVAL (Specify) AL OIRECTOR 25a. REC'O BY REQUENTED VR A15 (4) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

1367 is a first of the state of the state of elle i Light Ville Mill Acute regrossedial infaretiin. & hour A540 Yester 34 8 Nov. 8 60 X 200 8, 1966 Oute R. Kellman, M.C. 12 H. Hanson; Eastern, Mr. The state of the same The I've Thereway in The back life in M

24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	CHORD			CEKIII	IUAII	OF DEATE				±300	
1. P	LACE DE DEATH					2. USUAL RESIDEN	CE (Where deceased	lived, If Insti	tution: Reside	nce before adm	ission
a	. COUNTY	Albot		MAD	YLAND	a. STATE	nuland	b. COUNT	Tall	bot	
b	. CITY OR TOWN	(if outside corpora	te limits,	c. LENGTH OF STA		c. CITY OR TOWN (II	f outside corporate	Ilmits, write			town
	promotion of	nd give nearest tow	m)	221		6 .	1 11		2	- 1	
d	I. NAME OF HOSP	TAL OR INSTITUTION	N (if not in h	ospital, give street	eddress)	d. STREET ADDRESS	(rural)		64	e. IS RESI	DENC
	man	an	2/	0//	,,,,,					ON A FA	RM2
2 M	IAME OF	Jorial &	Has	51+91	1		y's Neck				10 1
D	ECEASED Type or print)	Pei	rst	Power.	u	Cay	4. DATE DF DEATH	Month	h /	year	
5. S	EX	. COLOR OR RACE	7. MARRIED	NEVER MARRIE	8 D	. DATE DE BIRTH			FUNDER 1 YE		-
mo	rle	white	WIDOWED	DIVORCE	D	9/18/1876	89	birthday) N	onths Day	s Hours	Min.
Oa. U	SUAL OCCUPATION	N (Give kind of work g life, even if retire	done 10b. K	IND OF BUSINESS O	R	11. BIRTHPLACE (C	ounty & State, or for		12. CITIZE	N DF WHAT	
/	rupoist	, mo, even n retne	u)	ADOSTRI		Talbot	Marylan	d	COUNT	f"	
13.	FATHER'S NAME					14. MOTHER'S MAII	DEN NAME				
	Danie	l (ox				Sarah B	erry				
	VAS DECEASED EV	ER IN U.S. ARMED FD		SOCIAL SECURITY N	D. 17.	INFORMANT		Address			
(162,	no, or unkown)	f yes give war or dates o	(Service)	15-14-3762	Ma	s. Gene Sw	one East	on Mo	1:		
11		ATH [Enter only on		ine for (a), (b), and		- C	المرادة	210, 12		ITERVAL BET	WEEN
	PART I. DEA	TH WAS CAUSED BY	: N	Yn120/1:	2/	LI FOYE	Y-1017		0	NSET AND D	EATH
	4201	IMMEDIATE CAUSE		10000910	/	7 1 1 5	1667				
C	conditions, If an	V. which \	1-1-	vterin.	511	P-105/6			1500		
g	gave rise to in	nmediate ((b) ·	11-210							
	ause (a), stat inderlying cause										
			(c) ONS CONTRIBU	ITING TO DEATH BUT	NOTRELAT	TED TO THE TERMINAL	DISEASE CONDITIO	NGIVEN IN PA	ART 1(a) 1	9. WAS AUT	DPSY
CAT	>	Juste	mul.	In his	4:11	10.12	0177/3		0.00	PERFORM YES N	ED?
CERTIFICATION	Da. ACCIDENT W	AS UNDERLYING	20b. I	DESCRIBE HOW INJU	JRY OCCUI	RRED. (Enter nature o		r Part II of			
S C	OR CONTRIBUTING	CAUSE DE DEA	TH NER)								
		JURY Month, Day,		NJURY OCCURRED	20e. PLAC	E DF INJURY (Home, f	arm, 20f. (City o	or town)	(County)	(St	ate)
MEDICAL	Hour a.m.			Not While	factor	y, street, office bldg., e	etc.)		(,		,
Σ -	p.m.	19	-						10	11 -1 (1) (-1	\ las
		11/17	Hrah/attend	ed the deceased t			9 to		, 19,		
2	Saw the dece	ased aliveron	1, 6	13	and that	death occurred at	M, from th			SIGNED	שעטענ
		Elle	The	mes	M.D.	ATTENDING PHYS.		TAFF HYS.	13N	with	66
2	PHYSICIAN' NAME (Type		H. 9	chmid	+	22d. ADDRESS	ton, A	125/1	1212		
23a.	BURIAL, CREMAT		THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d. LOCATIO	N (City, tow	n or county)	(Sta	te)
Bu	REMOVAL (Speci	(y) 3/15/	1966	Spring to	lill		Easto	n. Md.			
	FUNERAL DIRECT	2		ADDRESS	1	25a. RE	C'D BY REGISTRAR		ISTRAR'S SI	GNATURE	
MA	11 nino 8	TOUMA	- d 0	m Eni	Im 7	RAM NI	1 5 1966	Che	meley I	udge.	
74.	unico E	Newna	m + 2	on Eas	ton	nd dataR	15 1966	Jelie Jelie	reles J	GNAT	URE

VR A15 (4) 2DM 1/65 Jan Mark Jacoblane . TAXIU NA 6. And whether we work 11.00. amis. 20 10 10 10 10 The second section is THE RESERVE THE PROPERTY OF THE PARTY OF THE PARTY. ACCURATE SERVICE AND ACCURATE AND ACC Penial 3/15/156 Spring Hill I were I discourse & son to too Mid in FOR S HEALTH STATE DEPT.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

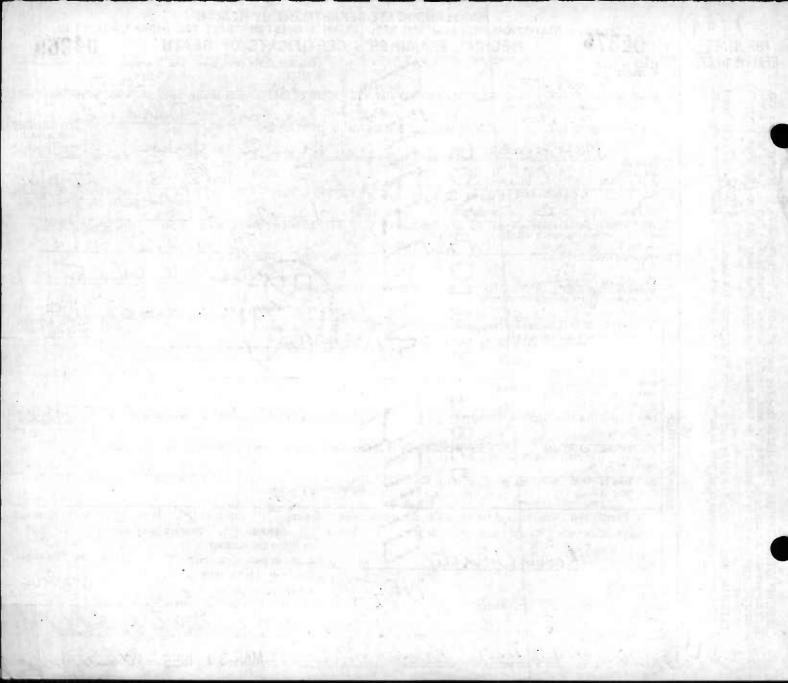
1/65 VR ALSME

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form EM3. Page 5 may be retained for your files.

TO DEPUTY MEDI

MARYLAND STATE DEPARTMENT OF HEALTH 04374 of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04369 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	4/5/65 388
1. PLACE OF DEATH	Z. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY COLLOC MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Write RURAL and give nearest town)	Engites - Dover Rd 20-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
λ,	ON A FARM?
Meyorial	Narrison + Jonkoe YES NOW
3. NAME OF DECEASED PIRST Middle	Lest 4. DATE 1 Month Day Year
(Type or print) Charlie Davis	DEATH PM 3 - 2/ 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
m C WIDOWED DIVORCED	10/26/07 157/58yrs. Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KINO OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Thanks (anders) ZLS 9
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mark Day	Land 10 askinstin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	Charles Hesperistal Para Faction MA
1. 1/2	STON MOSPHIA LECURAS LASION IN
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (9) CO YOVANY OCC	Elusion
4201 DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause (a), steting the DUE TO	
underlying cause last. (c)	
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ATTACH TO THE PART OF THE PART	PERFORMED? YES NO NO
2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nuture of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT CONTRIBUTIONS CONTR	
20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 2De, PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that I took charge of the remains described above, he	old an Autopsy 🔲 , Inspection 🔀 Inquiry 🔲 , and In my opinion
death resulted from: Natural causes, M, Accident . Su	icide, Homicide, Undetermined manner
. 01/-01-	CHIEF MEDICAL EXAMINER
SIGNATURE Law / Wette	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
14.5	MOEPUTY MEDICAL EXAMINER \$ 3-2 9-1
EXAMINER'S NAME (Type)	Address (Street, city, town, or county)
	OR CREMATORY 23d. LOCATION (City, town or county) (State)
MEMOVAL (Specify) 2 / (d. Klandrol:	Men tank Muster - allot mil.
24.) FUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Varia B Washail forton	NA I DAY MAD O 1
Jenni Billianen Charen,	1 DATE MAR 3 1 1966 Achorles Justice
	and the same



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending president and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	04313		CERTIF	ICATE	UF DEATH		()	4360
1.	PLACE DF DEATH	-0 /					-	nce before admission
	a. COUNTY	Port	MAP,	YLAND	a. STATE MARY	b. COUN		OHINE
	b. CITY OR TOWN (if ou	tside corporate ilm			c. CITY OR TOWN (If outs	ide corporate limits, wr		
(Write RURAL and giv	e nearest town)	6 dA		Pinari	V MA	05	2
_	d. NAME OF HOSPITAL O	R INSTITUTION (If	not in hospital, give street	addyess)	d. STREET ADDRESS	7,		e. IS RESIDENCE
	castor	e Ul	laudria	DI	PARK AVE	= 34379	57	YES ND Z
3.	NAME OF	First	Middle	-	Last 4.		DE	ay Year
	(Type or print)	sep /	C	2	Pler	DEATH Watc	te 2	19 66
5.	SEX 6/COL	OR OR RACE 7. M	ARRIED NEVER MARRIE	ED 8.	DATE OF BIRTH			
	1/	WI	DOWED DIVORCE	ED 7	2-7-76	90 yrs.	Months Days	Hours Min.
102	. USUAL OCCUPATION (GIV	e kind of work done	10b. KIND OF BUSINESS OF	R	11. BIRTHPLACE (County	& State, or foreign country		
uui	R	even in retired)	A . 7	IESS	MIDALETO	WNRA	COONT	SA
13.			CANA VIUSTIA	233		AME /	1 4	V
	CHRISTIAN	EDLE	R		AMANZ	STARK		
	. WAS DECEASED EVER IN	U.S. ARMED FORCES	? 16. SDCIAL SECURITY N	0. 17.	INFORMANT	Addres	5\$1/	
(Ye	es, no, or/unkown) (If yes g	ive war or dates of service	(e)	G	BERT MA	NIAL TALL	YEWA	RK,
	1 18. CAUSE OF DEATH I	Enter only one cau	se per line for (a), (b), and (POERTIAL	1/4//40	LIN	TERVAL BETWEEN
-	The state of the s		5.1122 -206	1	0 101 04	000	Of	NSET AND DEATH
	2 2 2 IMME	DIATE CAUSE (a)	JUDGIACK	NOLO	c Hemon	I wa -		6 any
	Conditions Is any with	DUE TO						
		late (
		the DUE TO	MINI WINE, A					
Z		(c)	ONTRIBUTING TO DEATH BUT	NOT DEL AT	ED TO THE TERMINAL DIOCA	OF CONDITION CIVEN IN	DADY 1(a) 11	O WAS ALITOPSY
CERTIFICATION	PARTITIONER SIGNIFIC	ANTCONDITIONS	JAIKIBOTING TO DEATH BUT	NUI KELAI	ED TO THE TERMINAL DISEA	SECONDITION GIVEN IN		PERFORMED?
FIC								YES NO
ERTI	DR CONTRIBUTING C	AUSE DE DEATH	20b. DESCRIBE HOW INJU	JRY OCCUR	RED. (Enter nature of Inju	ry in Part I or Part II o	f Item 18.)	
MEDICAL		Month, Day, Year		208. PLAC	E OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
MEC	p.m.	19	at work at work		26 6	- 71	11	
	21. I certify that	(I) (this hospital)	rattended the deceased	from	3/18 , 190	o, to 3/2/		that (I) (we) las
	saw the deceased	alive on 3/	2/ 1966,	and that	death occurred at 55	M, from the causes		
Н	22a. SIGNATURE	511			ATTEMPINO / MED	DTAPE	22b. DATE S	SIGNED
		Mill	M	M.D.	PHYS. DIREC	CTOR PHYS.	31	77.66
	22c. PHYSICIAN'S NAME (Type)	- Ura	Iltir		22d. ADDRESS	1-6001	1.)	
_		> KIR	m, 11 1		I La	TOON,	9	
238	BURIAL, CREMATION,	-	EOF 4 23c. NAME OF C	EMETERY	OR CREMATORY 2	3d. LOCATION (City, to	own or county)	(State)
	AMERICAN GIVEN RACE TO THE STATE OF STATE IN THE STATE AND STATE AND STATE OF STATE IN THE STATE AND STA							
24	. FUNERAL DIRECTOR	3 0	ADDRESS	5	25a. REC'D B	Y REGISTRAR 25b. R	EGISTRAR'S SIG	GNATURE
	MAROLD.	ack	Eser M	HE	MAK Z	3 1966 1	carles &	udge

VR A15 (4) 15M 4-64 THEORE CHYTHERE MORELTON, P.A. L. J. A. Cheverian Incap Stars VO AN AND SOLD THE STATE MANNEY NO. OFFICE 5-5-66 For March 8426 Homes and Shamed

24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 00 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O4376

CERTIFICATE OF DEATH

		O 10 VO	L OI DEATH
		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE As b. COUNTY - As
		/albot MARYLANO	Maryland Talbox
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Easton (rural) 33 years	Easton (rural) 20-1
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS e. IS RESIDENCE
0		RFD Box 595	RFD Box 595
		NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
		(Type or print) Farrie W. Fisher	OF DEATH 3/4 19 66
	5. 7		8. DATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR IF UNOER 24 HRS.
	20	White WIOOWED DIVORCED	10/13/1892 (ast birthday) Months Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	uuii	ing most of working, life, even if retired) INOUSTRY	Talbot Maryland USA USA
П	13.	FATHER'S NAME	1 14. MOTHER'S MAIOEN NAME
		William B. Stevens	Julia Perry
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
		s, no, or unkown) (If yes give war or dates of service)	illiam O. Fisher, Easton, Md.
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		^	ONSET AND OFATH
		PART I. DEATH WAS CAUSED BY: MYOCARD	ICI INTERCTION INSTANT
		4201 DUE TO 1	4.0 0 11 - 7
		Conditions, if any, which but thertensive and	Atherosclevotic Heart Dis. Years
		gave rise to immediate cause (a), stating the DUE TO	
		underlying cause last. (c)	
	S .	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY
	CAT		PERFORMED? YES NO X
0	E.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Annable (and included in injury in rate) of rate in or item 20.9
	MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Ö	walle - Not walle -	ry, street, office bldg., etc.)
	Σ.	p.m. 19 at work at work	1 7 11 112 112 112
		21. I certify that (I) (this hospital) attended the deceased from	8 1961, to 11 2, 1965, that (I) (we) last
-			t death occurred at 7 A.M. from the causes and on the date stated above.
		22a. SIGNATURE	ATTENOING MEO. STAFF 22b. OATE SIGNED
,		J. Mech y: M.D	D. PHYS. DIRECTOR PHYS. 3.7.66
		22c. PHYSICIAN'S NAME (Type) S	22d. AODRESS
		MANUE (1) PE'S. KRECH JR.	EASTON, Md.
	23a.		
		Benefal (Specify) 3/7/1966 Spring Hill	Easton, Md.
	24.	FUNERAL DIRECTOR AODRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		MURGCE E. NEUWAM & SON, Easton, Md.	DATMAR 8 1966 Acharles Judge
1		mande Continue a sont Casasie, mas	OATE AND 1500 June 1

VR A15 (4) 20M 1/65

37. 0 Daver miles The state of the s 14 Jane 5. 5 V 00% 305 arale Farair . . ish a 0.532.021 in house in Unit William S. Marras 2) Justin Hilliam Of Fisher, review, El. the Employed I will many Man Andrew Co Francis : Mink of profes the the order of some the contract of the contract of the party of the contract na februaria di Taranti di Berlandia Se Burkel 377 as a wing like

ACTO A PROBLEM SITE CONTRACTOR OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01220 CEPTIFICATE OF DEATH

U2014			GERTINI GAT					1133	14
. PLACE OF DEATH				2. USUAL RESIDE	NCE (Where			esidence before	edmission
a. COUNTY	lbot		MARYLAND	a. STATE	arvlan	b. COUN	ופיף אוו	lbot	
	f outside corporate timi	te	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	- J				own!
write RURAL end	give nearest town)	,	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2	/
Rura			5 yrs.	Cordova				20 -	- /
d. NAME OF HOSPIT	TAL OR INSTITUTION (if not in hos	spital, give streat address)	d. STREET ADDRES	5				RESIDENCI N A FARM
									NO
NAME OF	First		Middle	Last	4. DATE	Month	1	Day Y	eer
DECEASED (Type or print)	Ethel		Virginia	Fore !	OF DEAT	н 2		11 1	%66
SEX	6. COLOR OR RACE					9. AGE (In years	IF UNDER 1 Y		ER 24 HRS
	o. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH		last bighday)		Anys Hours	
F	W	WIDOWE	DIVORCED _	5/2/1892		13 yrs.			
one during most of wor	ON (Give kind of world	10b. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	unty & State, o	or foreign country)	12. CITIZ	ZEN OF WHAT	COUNTRY
Teacher	rking life, even if refire	(a)		Cordo	Va		TIS	SA	
. FATHER'S NAME				14. MOTHER'S MAIDE			- 02	JA	
	D					Dames			
Edward 1		CEC 111	SOCIAL COCINEY	Annie (Jovey	Perry			
5. WAS DECEASED EVE (es, no, or unkown) (If			SOCIAL SECURITY NO. 17. II	NFORMANT		Address			
No			unk (eorge E.	Marke	ell Cord	lova.	Md.	
18. CAUSE OF D	EATH (Enter only one	causa par l	line (e), (b) and (c).]	,	1			INTERVAL I	ETWEEN
	H WAS CAUSED BY:	/	MIST TO	ne	10/0	TUD		ONSTAN	DEATH
4	IMMEDIATE CAUSE (a)		ouce i po	- (/	ULO !			-1-	Pt 0 -
2031	DUE TO								
Conditions, if eny	, which) (b)							11-14	
gave rise to immedi-	ate cause								
(a), stating the un	nderlying DUE TO								
cause last.) (c)								
PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	ATRIBUTING TO DEATH BUT NOT	RELATED TO THE TERA	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(e) 19. WAS	FORMED?
								YES [NO X
PART II. OTHER 20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY		20b. DES	CRIBE HOW INJURY OCCURED.	(Enter neture of injury i	in Pert I or Pert	II of item 18.)			
OR CONTRIBUTING	MEDICAL EXAMINER	134							
		1221	INTERNATIONAL CONTRACTOR	T OF BUILDY ALL S	1 201 15	1h h	10	4	(54-4-)
20c. TIME OF INJU Hour e.m.	RY Month, Day, Ye	er 20d. While		E OF INJURY (Home, fa ry, street, office bldg., e		ity or town)	(Coun	ity)	(Stete)
20c. TIME OF INJU Hour e.m. p.m.	19	et wo		0	100	1.	,	~	
	Lat (I) (this Mani	ante (let	dad the deserved from	1172	81	March	11 10	66, that (I)	(wa) la
	11/1/	an allen	ded the deceased from		1_	. 00			1
saw the deceas	ed alive on	you h	190.0., and that	death occured a.	M, tro	m the causes	and on th	ne date sta	ed abov
22e. SIGNATURE	1 4	.de		ATTENDING	MED.	STAFF		9 2	26. DATE
	my L	eller	er M.I	DILLING TOTAL	DIRECTOR	PHYS.		3/	77/61
22c. PHYSICIAN'S	11			224 ADDRESS	1				1
NAME (Type)	KURT	LES	DERER	WUEEN	1 4	NNE	MI		
1			The state of the s		1001.10	CATION (C)		A	(Ca-a-)
BURIAL, CREMATI			23c. NAME OF CEMETERY C	R CREMATORY	23d. LO	CATION (City, to	wn er county	1	(Slete)
Burial	3/15/	66	Springhill		E	Caston	Talbo	ot Md	
4 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	25a. R	REC'D BY REGI	STRAR 256. RE	GISTRAR'S S	IGNATURE	
Jay D. He	everin	Hagt	on. Md.	AMA	R 18 1	1956 80	leagle	0	200
oay D. H	CAGTIII	1000 M	OII 9 IVIU 6	HIM	170	NJOC I	- carrely	1 Juga	-

s attending physician and completely filled in by the funeral Then please remove carbon papers. Pages 1 and 2 should 2 hours after death. death. Page for be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withman 2 hours. TO HOSPITAL death. Page VR A15 (4) 15M 7/61

ATTENDING PHYSICIAN:

githin 24 hours after

The law requires that the death certificate be executed

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14872		ASSESSMENT STORY	17820
dowler	ensives!		Talbot
	dordova,	5 yrs.	Levin
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MANU	273 (3)		Totology
vii.	4 Vevol elam		Name of Design
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ton Palbot 18.		illigative di	Burisl 3/15/
The state of the s	MAR I PAR	.) noses	. ay D. Aeveran

William Splits William or a resident

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please requive barbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyart, within 72 hours after diath

	DIVISION	N OF STATIS		RYLAND STATE I		F HEALTH ON STREET, BALTIMORE 1, M	MARYLAND
	04378			CERTIFICA	TE OF DEAT	H	04373
1.	PLACE OF DEATH	1bot		MARYLANI	a. STATE	0	Ten Anne
_	write RURAL	N (if outside corp and give nearest STON PITAL OR INSTIT	town)	c. LENGTH OF STAY IN 2 days 5/h hospital, give street addre	Rural Q	If outside corporate limits, write RURAL ueenstown s	e, is residence on a farm?
	Men	noual					YES 🔼 NO 🗌
3.	NAME OF DECEASED (Type or print)	1	First	L Oscar	Last	4. DATE Month OF DEATH 3 —	Day Year /5 - 19 66
5.		6. COLOR OR RA	7. MARRI WIDOW		8. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
	. USUAL OCCUPATI		rork done 10b	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ITIZEN OF WHAT OUNTRY?
13.	Farmer FATHER'S NAME			Farming	14. MOTHER'S MA		USA
	Danie	Gise			Gertr	ude High	
	. WAS DECEASED E	VER INU.S. ARME		6. SOCIAL SECURITY NO.	7. INFORMANT Robert G	Address	lle Md.
		ATH WAS CAUSED IMMEDIATE CA	D BY: USE (a)	(lipe for (a), (b)) and (c).]	ana	A .	INTERVAL BETWEEN ONSET AND DEATH
	Cenditions, if a gave rise to cause (a), sta underlying cause	immediate ating the	(b) (b) (c)	alaftic	aurlie	plenoses	
CERTIFICATION				BUTING TO DEATH BUT NOT F	ELATED TO THE TERMINAL	. DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING NG CAUSE OF IFY MEDICAL EX	DEATH AMINER)	DESCRIBE HOW INJURY O	CCURRED. (Enter nature	of injury in Part I or Part II of Item 18	3.)
MEDICAL	20c. TIME OF II Hour a.m p.m	_	ay, Year 20d Wh 19 at w	le Not While	PLACE OF INJURY (Home, actory, street, office bldg.,	farm, 20f. (City or town) (Co	unty) (State)
	21. I certify saw the dec 22a. SIGNATUR	eased alive up	lossinan are	nded the decyased from.	that death occurred at	M, from the causes and on t	the date stated above.
	22c. PHYSICIAI NAME (Ty		CH.	Schriniat	22d. ADDRESS	Usen	1
232	BURIAL, CREMA REMOVAL (Spe Burial	ATION, 23b. DA	TE THEREOF /17/66	Old Wye	ERY OR CREMATORY	Wye Mills, Tal	bunty) (State) Lbot, Md.

Old Wye

Wye Mills, Talbot, Md.

REC'D BY REGISTRAR 250. BEGISTRAR'S SIGNATURE

AR 18 1966 Hisrael Judge

A15

FUNERAL DIRECTOR

Sunt here, Sinkersky myoruheen; larel ACT one "visit, etcological de de springer. gift ensities-Daniel Ciss ank efficerous unto to stacos; Man Simon The state was a

Bartel 3/17/06 016 Wye

Wes Mills, Island, William

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DE	ATH					2. USUAL	RESIDENC	E (Where deci	eased lived, If in	stitution: F	Residence	before ac	lm Issign)
	a. COUNTY	Talbo	t		144	RYLAND	a. STAT	E Mar	yland	b. COU	NTY K	ent		1
	b. CITY OR T	OWN (If outsi	de corporate i	limits,	c. LENGTH OF S					orate limits, w	rite RURAL	and give	neares	t town)
		Micha		5000	16 da	TC		Mil	lingt	on R	RI			
				(If not in ho	ospital, give stree		d. STREET		a de de de la Co	(711 11	the shall	0.	IS RES	IDENCE
	Rio	Vista	Nurși	ng Ho	ome						14-2	Y	ON A F	NO 🗌
3.	NAME OF DECEASED		First		Middle		Last		4. DATE OF	Mon	th	Day	Yea	ar
	(Type or prin	it)	Anna	1	Melvin	H	ague		DEATH	Marc	h	1.	19	66
5.	SEX	6. COLOR	OR RACE 7.	MARRIED	NEVER MARE	RIED	8. DATE OF	BIRTH	9.	AGE (In years last birthday)	IF UNDER			
F	emale	Whi	te	WIDOWED .	DIVOR	CED	Oct. 3	37 7	227 7	g yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCU	PATION (GIVE	Ind of work dor		IND OF BUSINESS	OR	11. BIRTH	PLACE (Co	unty & State,	or foreign counts	y) 12. C	ITIZEN C	F WHAT	
aur	Retire	orking life, ev	cher		DUSTRY	nools	Kont	- 00	Mon	beefar	11	C A		
13.	FATHER'S N		cifer	FU	BILLO DO	HOOLS	14. MOTH	CO.	EN NAME	yland		S.A.		
		7.7 0	7.7.	127 .	,									
15	WASDECEAS	ED EVER IN II	lliam R ARMED FORC	FS2 16	Cher Social Security	NO 1 17	INFORMANT	nnie	Harri	S	200			-
(Ye	s, no, or unkow	n) (If yes give	war or dates of se	rvice)	300IAE 3EOOKITT	17.	IN OKWANI			R	uffs	dale	,	
	No				5-38-05		arles	S. F	lague	Jr.	Penn			
				ause per li	ne for (a), (b), an	d (c).]	// .	0					VAL BE	
	PART I	. DEATH WAS	CAUSED BY: ATE CAUSE (a)	CR	rdea	e 1	lack	er	e		-	Le	1	1
П	33	4 X	OUE TO		2	10!	A.		0		1			
	Conditions,	If any, which		MIVA	01284	ler	alec	car	eke	000	ed	111		
		to immediat	0 (2.			0	1				
	cause (a), underlying (stating th		/	and	20	1/21	111	Keen	d.				
8			(c)		ITING TO DEATH BU	ITNOTRELA	TEO TO THE T	FRMINAL O	ISEASE COM	DITION GIVEN II	PART 1(a)	119.	WAS AL	TOPSY
F	1.	د ا	0		- 1- 1	~ 7		4	5				PERFOR	
은	He	M	e con	ecr	rejes	IIII OOAI	na	1	ed la Da	et Las Dart II	of Itom 10	YES		NOX
CERTIFICATION	OR CONTRIB	NT WAS UNDI	ISE OF DEATH CAL EXAMINE	20b. L	DESCRIBE HOW IN	NJURY OCCI	JRREO. (Enter	nature or	injury in Pa	rt i or Part II	of item 18	5.)		
			onth, Day, Yea		NJURY OCCURRED	120e, PLA	CE OF INJURY	(Home, fa	rm. 20f. (City or town)	(Co	unty)	(:	State)
MEDICAL	Hour	a.m.		While	Not While	facto	ry, street, offi	ce bldg., et	tc.)					
Ξ		p.m.	19	at work					//	5 /	-/	/		
	the second second second second		. 7	al) attende	ed the decease	d from	-20		10_ to_	5 -/-	, 1824			ve) lasi
		deceased al	ive on 3	21	1966	and that	t death occu	irred at 2	A.M. fro	m the causes		the date	stated	above
	22a./SIGNA	TURE	20/1	200	10 1 /		ATTENDIN	VG -	MED.	STAFF -	22b. [AIE SIG	NED.	6
	1411	1//	4/10	1	7	M.C	, riiis.		MED. DIRECTOR	PHYS.	112		6	
	220 PHYSI NAME	(Type)	mo	TOR	seh	8	22d. AE	DRISS	lies	hace	61	ne	1	
23a	BURIAL, CI		3b. DATE THE	EREOF	23c. NAME OF	EMETERY	OR CREMAT	ORY	23d. LO	CATION (CIty,	town or co	ounty)	(\$	tate)
-	Buri		3-3-66	5	Kenned	yvill	Le Cem		Kenr	nedyvi.	Lle,	Md.		
24.	FUNERAL D	IRECTOR	11		AOORESS			25a, REC		TRAR 25b.			TURE	
17	lictor	71, 7	Tenne	del	Still	Pond.	Md.	DATE	(3)	966 8	Maril	es fr	edge	
-	A.A. A.A.				The sales rates and	a VAANA	9 Total A					-/-	-4	

THE REPORT OF THE PARTY OF THE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0438V	CERTIFICATI	E OF DEATH		04375
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If inst	itution: Residence before admission
a. COUNTY 14/60 T	MARYLAND	a. STATE Marylo	and b. COUNT	Talbot
b. CITY OR TOWN (if butside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate limits, writ	e RURAL and give nearest town
on alon	DEA a 9Am	Tilghma	in.	20-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital/give street address)	d. STREET ADDRESS		e. IS RESIDENC DN A FARM?
Memorial	letosp. tal			YES NO X
3. NAMELOS FIRST	Middle	Last 4.	DATE Month	Day Year
(Type or print) Anch Dh	4	TARRISED	DE DEATH	27 1966
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HR
Male White WIDOWI	ED DIVORCED	9/13/1903	62 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR	11. BIRTHPLACE (County	y & State, or foreign country)	12. CITIZEN OF WHAT
Waterman & Legislator	MOOSINI	Talbox	Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Levin F. Harrison, Si	7.	Ida May Mc		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, no, or unkown) (If yes give war or dates of service)	4.	INFORMANT	Address	
no	216-18-5983 Mr	s. W. Randoly	oh Harrison,	Tilghman, Md.
18. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), and (c).]	21 /	7.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ocordier.	march	con	Mr.
4201 DUE TO 1	1 6 8	1	· 41	
Conditions, If any, which gave rise to Immediate	erasererale	coloner	an, q,	
cause (a), stating the DUE TO				0.00
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTROL	IDUTINO TO DEATH DUT NOT DEL A	TED TO THE TEDMINAL DICE	ACC COMPLY ION CIVEN IN D	ART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 202. ACCIDENT WAS UNDERLYING 20b. CONTRIBUTING CAUSE OF DEATH OUT OF THE PROPERTY O	BUTING TO DEATH BUT NOT KELA	TED TO THE LERMINAL DISE	ASE CONDITION GIVEN IN P	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b.		IDDED /Enter nature of let	usy in Dast I or Dast II of	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJUST OCCU	RRED. (Enter nature or m)	uly m rait i of rait ii of	Item 10./
	I. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
Hour a.m. Whi	ile Not While facto	ry, street, office bldg., etc.)	2011 (011) 01 (0111)	A (0.000)
		19 120 10	3276	2 20 11 -4 (1) (-1-) (-1-)
21. I certify that (I) (this hospital) after	22. //	dooth accurred at TA	M from the courses	2, 19, that (I) (we) last ind on the date stated above
224. SIGNATURE	, allu tilat	death occurred at 7/	L_IVI, ITOITI LITE GAUSES A	22b. DATE SIGNED
X MUNITARY (S	P-1/7 M.D	ATTENDING MED	ECTOR PHYS.	3-27 766
220 PHYSICIAN'S	1/6	22d. ADDRESS	B. 12.	med .
Levely m Tele	191	11/11/11	HUCCES!	vnej
23a. BURIAL, CREMATION, 23b. DATE THEREOF	20c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to)	vn or county) (State)
Durial 3/30/1966	St. John's (emetery	Tilghman,	Md.
24. FUNERAL DIRECTOR AMALIONICS C ALCIUMA M P CO	ADDRESS	25a. REC'D	BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
MAURICE E. NEWNAM & SC	W, Easton, Md.	DATERD	h tace Tol	carles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY TINED. COUNTY by the f Pages 1 urs after MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by remove carbon papers. Pag any event, within 72 hours write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS within NAME OF 3. First Middle Last 4. DATE Month DECEASED 1 DEATH (Type or print) executed SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIFO NEVER MARRIEO OATE/OF BIRTH EMALE Months | Oavs WIOOWEO DIVORCEO been signed by the attending physician a the burial-transit permit. Then please re ir to burial, cremation, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR (County & State, or foreign country) be during most of working life, even if retired) INDUSTRY ETIREC ATTENDING PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY or attending physician. IMMEDIATE CAUSE (a **OUE TO** Cenditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the has be as th underlying cause last (c) NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for use should be filed with the State Dept. of Health ucurona the hospital 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. MEDI Not While While retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2 2M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE pe ATTENDING PHYS. STAFF DIRECTOR M.D. O HOSPITAL 4 may 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS BURIAL, CREMATION, 23b. OATE THEREOF LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) Livera FUNERAL DIRECTOR ADORESS 25a REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

20 -

Day

12. CITIZEN OF WHAT

19.

DATE SIGNED

(County)

22b.

YES

COUNTRY?

e. IS RESIDENCE ON A FARM? YES |

Year

19

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO V

(State)

(State)

LLCA

NO 7

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STAND LINES A PART (BAND) MIT ban Take CLIPTON HINDS LEVEL THAT THAT THAT I STATE HE Landing of the series of Death and the series of the serie A STANDARD BUT AND THE STANDARD OF THE STANDAR Section of the second of the second of the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death: PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 Jrs after 60 IZYLAND MARYLAND filled in by papers. Pages 72 hours a b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Easton an @ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS within 72 Emorial within completely i NAME OF First Middle DATE Month DECEASED 0 (Type or print) DEATH executed SEX 9. AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. 6. COLOR OR RACE remove DATE OF BIRTH 902 7. MARRIED [**NEVER MARRIED** Jast_birthday) | Months | any WIDOWED EMALE DIVORCEO attending physician a ermit. Then please re = 10a, USUAL OCCUPATION (Give kind of work done i 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even if retired) INDUSTRY LAND certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 160BERTS ed by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) CORNWALL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] been signed by the the burial-transit is or to burial, cremati PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) After this certificate I Id be detached for use e State Dept. of Health for use Health hospital 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c, TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) Not While factory, street, office bldg., etc.) Hour a.m. While 19 at work mach retained 21. I certify that (I) (this hospital) attended the deceased from 3 much ould 66 5 DIRECTOR: Jage 3 should lied with the 1966 and that death occurred at 5 A.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED page ATTENDING STAFF DIRECTOR M.D. тау director, pa HOSPITAL PHYSICIANS 22c. 22d. AOORESS NAME (Type)

VR A.15 (4) 20M 1/65

BURIAL, CREMATION,

REMOVAL (Specify)

FUNERAL DIRECTOR

24.

23b.

OATE THEREOF

COLGERTE

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

LOCATION (City, town or county)

(County)

30

Oay

5

Days

12. CITIZEN OF WHAT

e. IS RESIDENCE

YES

19

INTERVAL BETWEEN

ONSET AND DEATH

D days

WAS AUTOPSY

(State)

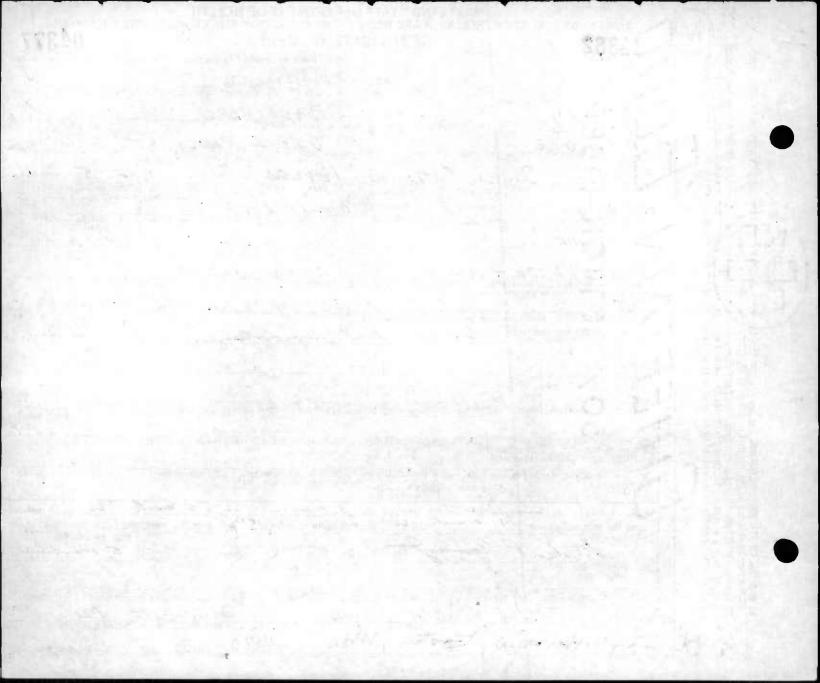
(State)

PERFORMEO? NO IX

19 66, that (1) (we) last

5 monte GG

ON A FARM? NO X



FOR STATE HEALTH DEPT.

O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay bessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. and 2 with the State Department year within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages of Health or its designated agent, prior to burial, cremation, or removal, and in any TO DEPUTY MEDI

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VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL FXAMINER'S CERTIFICATE OF DEATH 104278

	07383	MEDICAL	EXAMINER'S	CERTIFICAT	E OF DEAT	Н	0437	18
~1.	PLACE OF DEATH a. CDUNTY			2. USUAL RESIDENC	E (Where deceased live	b. CDUNTY	: Residence bef	ore admission)
_	b. CITY OR TOWN (if outside co	rnorata limite	MARYLAND C. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If		mite write DII	Al and give n	earest town)
	write RURAL and give neares	t town)	2 1.		lei	iiiits, write non	/ 5	2
-	d. NAME DE HOSPITAL OR INSTI	TUTION (if not in hos	pital, give street address)	d. STREET ADDRESS	ile	-	e. 15	RESIDENCE
	Merrorial			R+ 3	Box.	HO	YES	N A FARM?
3.	NAME DF DECEASED	First	Middle	Last	4. DATE 310	Month	Day	Year
5.	(Type or print) Delene SEX, 6. COLDR OR F		riffin do	eclison 8. DATE DE BIRTH	DEATH Q.M.	3 - n years IFUND	12.	19 66.
	O. COLDA ON A	7. MARRIED WIDOWED	NEVER MARRIED DIVDRCED	1 - 1)	Jast bi	thday) Month	s Days H	ours Min.
10	a. USVAL OCCUPATION (Give kind of	work done 10b. KiN	D DF BUSINESS DR	11. BIRTHPLACE (S	tate or foreign coun	yrs. try) 12.	CITIZEN OF	WHAT
au	ring most of working life, even if	or lev FA	CTAT	Maryla	ud.		COUNTRY	
13				14. MOTHER'S MAID	EN NAME			
	Charles Conif	mì	· ·	Min	nie les	on.		
(Y	cs, no, or unkown) (If yes give warm)	dates of service)	OCIAL SECURITY ND. 17.	INFORMANT'	- 1	Address	× 11	0.1
-	18. CAUSE DF DEATH [Enter or	iv one cause per line	for (a), (b), and (c), 1	untond	ACKSON	cent	I INTERVA	L BETWEEN
	PART I. DEATH WAS CAUSE	D BY:	K. Ore Poresine	ab domin	al lacera	from Z	DNSET	AND DEATH
	8244	DUE TD		a D 0.	.0.		3 4	
	Conditions, if any, which gave rise to immediate	(b) Comp	ound pactu	re of left	Muss		3 No	rus.
	cause (e), stating the underlying cause lest.	DUE TD	0	U				
NO	PART II. OTHER SIGNIFICANT COM	(c) IDITIONS CONTRIBUT	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL O	ISEASE CONDITION G	IVEN IN PART 1	(a) 19. W/	AS AUTDPSY
ICAT							YES [ND 🛮
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF REATH.	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (Enter nuture of	injury in Pert I or I	Part II of Item	18.)	
AL CE	20c. TIME OF INJURY Month,	- CV	URY OCCURRED 200. PLA	CE DF INJURY (Home, fa	rm. 20f. (City or	town) ((County)	(State)
EDIC	Hour a.m.	While -	Not While facto	ry, street, office bldg., e	tc.) Port 40	ar	DG.	Hd.
M	21. I certify that I took c	harge of the remai	ns described above, he	ld an Autopsy .	Inspection .	Inquiry P	and In	my opinior
		itural causes [],		cide , Homici	de 🔲, Undete	rmined manne	er 🗌	
1	ACTUAL DS	1	section)	CHIEF MEDICAL	_		00 0	ATE CIONED
	SIGNATURE	1	ywr -	IVI, D,	DICAL EXAMINER [3-12	ATE SIGNED
	EXAMINER'S NAME (Type)	M. Li	ZYTOR		t, city, town, or cour	ity) Coni	Trak	1110 hr
23	BURIAL, CREMATION, 23b. I	ATE THEREOF	232 NAME OF CEMETER	DR CREMATORY	23d. LDCATION	(City, town or	county)	(State)
24	Buring 15	16-65	ADDRESS	LEK CEM	O'D BY REGISTRAR	25b. REGISTR	AR'S SIGNATU	In d.
-	Hames B.	Washer	Il Can	ON DINAR	16 1966	Jeliany	les Jud	gl
1			C-00	(c point to		#	0 6	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA MEDICAL EXAMINER'S OF HEALTH DEPT USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE MARYLAND Department after death. funeral CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) HAELS S r d. STREET ADDRESS delay and 3 to 3. Page State OF 90 NAME DE First Middle Last Month DECEASED the 72 3 (Type or print) DEATH 2 with within AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. ive Pages 1, with form SFX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Days Months death. COL WIDOWED DIVDRCED l and event 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) Give during-most of working life, even if retired) INDUSTRY COUNTRY? after URIVER апу MEDICAL EXAMINER. This certificate should be executed within 24 hours aftecute the certificate, writing the word "pending" in pencil in Item 18. Page 4 should be forwarded to the Chief Medical Examiner's Office, along by your files. FATHER'S NAME E . ShUA MKNOWN 0 0 File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. INFORMANT 17. (Yes, no, or unkown) (If yes give war or dates of service) permit. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY burial-transit cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) rise to immediate DUE TO cause (a), stating 00 underlying cause last. (c) used as to burial PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION or or DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. should | 3 shoul MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work CTOR: Page designated at work 19 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry DIRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER its ACTUAL SIGNATUR for 6 FUNERAL I DEPUTY MEDICAL EXAMINER please ex director. retained **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY ALDCATION (City, town or county) DATE THEREOF 23c. 00

130

YES

Day

e. IS RESIDENCE DN A FARM?

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY

NO F

(State)

PERFORMED? YES X

and in my opinion

22. DATE SIGNED

REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR

25b.

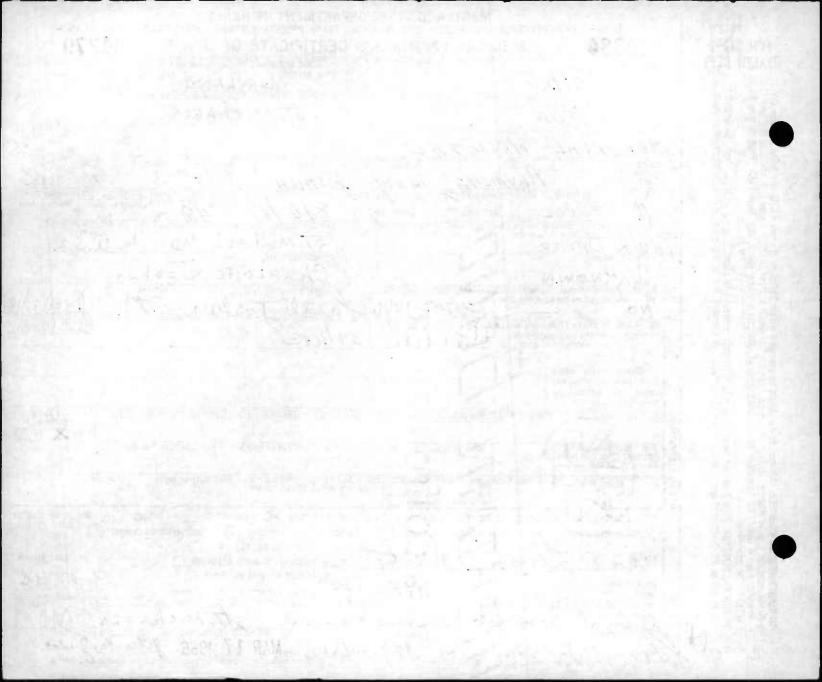
(State)

1966

ND D

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REMOVAL (Specify) FUNERAL DIRECTOR



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Tropove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and the difficulty within 72 hours after depting

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1_	U4383	CERTIFICATI	E OF DEATH		143811
1.	PLACE OF DEATH a. COUNTY			here deceased lived, If institution	: Residence before dmission)
	Talbol	MARYLAND	a. STATE ARU	LAND b. COUNTY	EENHNNES
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outs	de corporate limits, write RUR	AL and give nearest town)
-	Easion	10 days	GRASONVI	(E	17-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in i	nospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
-	Memorial Hos	pilal			YES ND
3	DECEASED 11.	Middle	11:1-	DATE Month OF	Day Year
5.	(Type or print) SEX 6. COLOR DR RACE 7 MARRIED	americae	B. DATE OF BIRTH	19. AGE (In years IF UND	ER 1 YEAR JIF UNDER 24 HRS.
	6. COLOR DR RACE 7. MARRIED WIDOWED	MEASURE MARKIED	1/10/18/2	last birthday) Month	B Days Hours Min.
10		DIVORCED DIVORCED KIND DF BUSINESS OR	1 14. BIRTHPLACE (County &	k State, or foreign country) 12.	CITIZEN OF WHAT
di	uring most of working life, even if retired)	INDUSTRY	Denne ville ()	Da Md i	COUNTRYS
1	3. FATHER'S NAME	STAURANT	14. MOTHER'S MAIDEN N	AME TO TO	1,2,11
	William Alford Fra	-19	MARIT (allins	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITYNO. 17.	INFORMANT	Address	
10	Yes, no, or unkown) (If yes give war or dates of service)	NONE MID	S DAISU E J	Ry GRASOWI	le Md
	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	docinoma	af The	breat	ONSET AND DEATH
	170 X DUE TO				0
	Cenditions, If any, which gave rise to Immediate (b)				
	cause (a), stating the DUE TD				
18	underlying cause last.) (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIB	IITING TO DEATH BUT NOT BELA	TEN TO THE TERMINAL DISEAS	SECONDITION CIVEN IN PART 1	a) 19. WAS AUTOPSY
CERTIFICATION	TAKTIL BILL SIGHT IOANT CONDITIONS	OTHING TO DEATH DOT NOT KEEN	TED TO THE TERMINAL DISEAS	DE COMDITION GIVEN IN FAR I 1	PERFORMED?
E	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injur	y in Part I or Part II of Item	
CER	20a. ACCIDENT WAS UNDERLYING 20b. DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
SA.	20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm,	20f. (City or town) (0	county) (State)
MEDICAL	Hour a.m. While p.m. 19 at wor	Not while	ry, street, office bldg., etc.)		
≥	21. I certify that (I) (this hospital) attend		13 much 1966	to 23 March 19	66 that (I) (we) last
	saw the deceased alive on 2 3 mm	19 6C, and that	death occurred at 500	M, from the causes and or	the date stated above.
	22a. SIGNATURE	0		22b.	DATE SIGNED
	slephen V. (any M.D	. PHYS. A DIREC	TOR PHYS.	3-24-66
1	22c. PHYSICIAN'S (Annual Control of NAME (Type) Stephen P. Car	ney M.I	Easton, Mar	yland	3-24-66
23	Ba. BURIAL, CREMATION, 23b. DATE THEREDF	23c. NAME DE CEMETERY	OR CREMATORY 1 28	d. LOCATION (City, town or	county) (State)
1	BURIA (Specify) March 26, 196	Whesterfield	d Cometary (ENTREMUE, !	ARYLAND
H	4. FUNERAL DIRECTOR A B A BA	ADDRESS	25a. REC'D BY	2 1224 421	AR'S SIGNATURE
17	my 11. 1 swings, I down stor	chilevelle, //	DATMAR 2	8 1966 Action	eles Judge

UKE LO afterwice by the third The late of the Day a Discount of the control of th Male part profession sour - Service and the service of the ser Station at Othermy M. R. Control, large and J. Parlinder Market Harrist Comment of the state of the state of the state of the state of · - MAR 3 8 1888 - 22-22

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY after MARYLANO CITY OR TDWN (if outside corporate limits, write RURAL and give-nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside_corporate limits, write RURAL and give nearest town) within 72 hours hours EAFORD 5 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) letely completely ive carbon NAME OF First DATE Middle Last Month DECEASED DF event, (Type or print) RE DEATH 5 -6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. physician and con please remove 7. MARRIED [NEVER MARRIEO last birthday) in any WIDOWED OIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR lease and in during most of working life, even if retired) INDUSTRY certificate . Then ple removal, 13. FATHER'S NAME the attending pit permit. Then OBERT 15. WAS DECEASED EVER IN U.S. ARMEO FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) NONE transit perm cremation, NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by t the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: ecration of tentoral mem attending physician. IMMEDIATE CAUSE (a) OUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. has S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p The certificate CERTIFICATI emature breec the hospital this ceru...detached fo 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Oay, Year | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) be de State After Id by Hour a.m. While Not While p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from the DIRECTOR: age 3 should iled with the saw the deceased alive on 22a. SIGNATURE page ATTENOING PHYS. **OIRECTOR** 4 may TO FUNERAL 22c. PHYSICIAN'S ADORESS director, p NAME (Type) FO h. BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY DATE THEREOF REMOVAL (Specify) line 24. FUNERAL DIRECTOR AOORESS 25a.

MARYLAND STATE DEPARTMENT OF HEALTH

COUNTRY? Address ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO YES (State) (County) 64, and that death occurred at 64 M, from the causes and on the date stated above. 22b. OATE SIGNED LOCATION (City, town or county) (State) REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. 1966

e. IS RESIDENCE ON A FARM? NO V

Year

196

Hours

YES

Day

Days

Months

VR A15 (4) 20M 1/65

SAGRASIA IN THE REST FROM THE HERE THE CONTROL THE LANS THE BURNEY TAGET CALLMARYCAND CO ASHCALL TOTAL STANKS STANKS THE STANKS Lever contract of the two it are stone I have In to P. Kolling H. M. D. S. William T. Executive M. An many to part property was to the The state of the s MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

16387				- 11	¥000
1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived,		ca bafora admission
a. COUNTY Talbot	MARYLAND	a, STATE	land b. co	UNIY TO 1 h	+
	IGTH OF STAY IN 16		outsida corporata limits, w	rita RURAL and give	nearast town)
Rural - St. Michaels	8 yrs	Pave	al Oak	2	0-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give		d. STREET ADDRESS	L VOIA		. IS RESIDENCE
Rio Vista Nursing Home		NO 100 64	15.57		YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Mo	nth Day	Year
(Type or print) ANNIE M.	MARSI	HAT.T.	DERTH	larch 4.	1866
5. SEX 6. COLOR OR RACE 7. MARRIED NE	EVER MARRIED 8.	DATE OF BIRTH	9. AGE (In year	IS IF UNDER 1 YEAR	
Female White WIDOWED		e 15. 1880	last birthday 85 yrs.	111011111111111111111111111111111111111	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF		1 11. BIRTHPLACE (Count			F WHAT COUNTRY
done during most of working life, avan if retirad)					
Housewife	1	14. MOTHER'S MAIDEN N	Land	US	A
Joseph Lubba	COCUPIEW NO. 1	Unknow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yas, no, or unkown) (Ifyasgivawarordatasofservica)	SECURITY NO. 17. II	NFORMANT	Addr	8\$\$	
No and	- Mrs.	Lester Pa	storfield.	Royal C	ak, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a	s), (b), and (c).]	1 -1		I IN	TERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	like k	aller	e	6 V	NOV
H-221 DUE TO 20	211	0	0 1		
Conditions, if any, which) (b) Chere	082601	28:10	rhae	H	
gava rise to immadiata causa		v un ca	quec		
(a), stating the underlying DUE TO cause last.	Bro 1	lasd.			
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	NG TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION	GIVEN IN PART 1(a)	
A parto chosas	21214	Mark.	el-		PERFORMED?
E 208. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HO	OWNJURY OCCURED.	(Enter natura of injury in P	eart I or Part II of itam 18.)		L
PARVII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 208. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HO OP CONTRIBUTING CAUSE OF DEATH OF CHIEFTY MEDICAL EXAMINER					
	OCCUPPED 1 20- PLA	CE OF INITIDY IN-	. ' 20f. (City or town)	(County)	(Stete)
		CE OF INJURY (Home, farm, ory, street, offica bldg., atc.)		(connix)	(31616)
p.m. 19 at work at	t work	1.0	1 9		
21. I certify that (I) (this hospital) attended the	e deceased from	1952,1	19.C, 10.34	18001	hat (I) (we) las
/ //	/ /	death occured at f			
228. SIGNATURE		1	,		22b. DATE
Mujmanue	sell m.	D. PHYS. DI	RECTOR PHYS.	3 -	5-66 STGNET
22c. PHYSICIAN'S NAME (Type	- /	22d. ADDRESS	1 2 1		
GUY M. REESER,	Jr.,/M.D.	St. Mi	chaels, Ma	ryland	
	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county)	(Slate)
Burial Mar 7, 1966 Sr	oring Hill	l Cemetery	Easton,	Marylar	nd
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 25b.		
1 Den fector Herrier of	michael	And OHAR	8: 1966 0	Charle O.	110
	y		V	- THE	

TO HOSPITAL A: ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page 4 May be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 7/61

2.	HYA-10 TO			ELACHETTEAL CO.	
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	Royal Car.	art C		rivia da	- Leron
			ansti-	ata Nimeto	4V48
Sold Fredway	AM	s de la companya de	¥ **	MANA .	
		e (X	214.0	o Lame 5
LI USA LI	fmalyrai -			621W	House
	n momentu			addul nige	100 J
Sorel Cale, 16	Leater Partockiel		New Yorkshop		- W- 1
1900					
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	St. Mohmule,				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in-any-event, within 72 hours after death.

VR AIS (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04388
CERTIFICATE OF DEATH

				0	-000
	PLACE OF DEATH a. COUNTY Tollo MARYLAND	a. STATE Ma	E (Where deceased lived, If in the column is c	UNTY Ca	roline
	b. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town)	_ '	outside corporate limits, v	vrite RURAL a	nd give nearest town)
	Easlon II days	Gree	ensboro	0	5-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	3.7		e. IS RESIDENCE ON A FARM?
	Memorial		None		YES NO
	NAME OF DECEASED (Type or print) Mrs. Effice Mae Marvo		4. DATE Mor	- 3	Day Year 3 / 19 6 6
Fe	emale White WIDOWED DIVORCED	May 6, 188) Months D	YEAR IFUNDER 24 HRS. Days Hours Min.
10a. durii HC	USUAL OCCUPATION (Give kind of workdone growth of working life, even if retired) None	Maryland	unty & State, or foreign count	12. CIT COU U.S	IZEN OF WHAT INTRY? • A •
13.	FATHER'S NAME	14. MOTHER'S MAIDE	EN NAME	1500	
	? Morris	Mary E. S	ennett		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. no, or unkown) (Ifyes give war or dates of service)	INFORMANT	Addı	ess	
(100		Maude Monr	oe Greensb		M7
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	**************************************	oe Greenso	01.0	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Errobral inf	anction			ONSET AND DEATH
	332X DUE TO 0 0 0			0	
	Conditions, If any, which) (b) Corebral Thr	ombosis.	rt. midd	le	3-18-66
	gave rise to immediate cause (a), stating the DUE TO	4 0			
	underlying cause last. (c)	erebral	artery		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	ISEASE CONDITION GIVEN I	N PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of	Injury in Part I or Part II	of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI Hour a.m. While at work at work	CE OF INJURY (Home, far ry, street, office bldg., et	m, 20f. (City or town)	(Count	ty) (State)
	21. I certify that (I) (this hospital) attended the deceased from 3 saw the deceased alive on 3 1966, and that		66, to 336 -		e, that (I) (we) last
-	22a. SIGNATURE	death occurred at 1	the m, from the cause		TE SIGNED
	Robert W. Tremen M.D	ATTENDING M	IED. STAFF PHYS.	1 WV 14	ce 4/1/1/
	22c. PHYSICIAN'S NAME (Type) Robert W. Trever M.	22d. ADDRESS			10 100
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	Maryland 23d. LOCATION (City,	town or coun	(State)
	Burial 4-301966 Denton		Denton, M	arylar REGISTRAR'S	ndbn
24.	FUNERAL DIRECTOR ADDRESS -, E. Boulais Lieny Core, Mu	d. DATE PR	10 BY REGISTRAR 256.	Clark	94
V					0

AND TO SECURITION MELY VELL Organian end x sill signed and the second of the second o molypes a cosmo of come onuel act - --BRIGHT P and the second of the second o 1. bu In the same of Later Later descinativates, andress APRIL 1965 Property Company of the C

funeral and 2 death: after death. by the financial Pages 1 urs after letely filled in by troop papers. Page, within 72 hours a hours completely in carbon p within certificate be executed attending physician and smit. Then please remo, n, or removal, and o att been signed by the attenthe burial-transit permit. death The law requires that the retained by the hospital or attending physician. has be as the prior t for use r this certificate by detached for use te Dept, of Health PHYSICIAN: TO FUNERAL DIRECTOR: After t director, page 3 should be de should be filed with the State pe Page 4 may b

D GY

Hour a.m.

BURIAL, CREMATION.

23b.

p.m.

LYKOWN

15. WAS DECEASED EVER IN U.S. ARMEO FORCES?

(Yes, no, or unkown) | (If yes give war or dates of service)

13. FATHER'S NAME

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COLINTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME DE Middle Last DATE DECEASED (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR OF UNDER 24 HRS. 7. MARRIEO 9. NEVER MARRIEO WIOOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done I 10b. KINO OF BUSINESS OR during most of working life, even if retired)

UNDUSTRY

at work

16. SOCIAL SECURITY NO.

at work

last birthday) Months Hours 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? MOTHER'S MAIDEN NAME OWN

b. COUNTY

Month

Address

e. IS RESIDENCE ON A FARM?

Year

1966

NO

YES

Day

YES

NO D

(State)

(State)

CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN QNSET AND DEATH PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED?

17. INFORMANT

20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1 of Item 18.)

2Dc. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc. Not While

21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 10. 16. M. from the causes and on the date stated above.

saw the deceased alive on 22a LSIGNATURE 22b. DATE SIGNED ATTENOING PHYS. DIRECTOR PHYSICIAN'S NAME (Type)

22d. ADORESS OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

REMOVAL (Specify) 8W80 00 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a.

FICATI

MEDICAL

VR A15

LAPIN maryland talbot EASton, T (EMORIO) HOSPITO to large para para production to the LABORET FACKOTY NORTH CAROLINA WSA West Total Services and the second of the second o

FOR STATE HEALTH DEPT.

O DEPUTY MEI EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages Fend 2 with the State Department of Health or its designated agent, prior to burlal, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY ME VR ALSME 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04385 90

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY TA HOT MARYLAND	a. STATE MORILLONG b. COUNTY
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Punal CONDAVA
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
at think of floor that on mother to floor in mospital, give street address;	ON A FARM?
	YES NO X
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) VORRIS HEXAN	OFRHENAM DEATH 2 /2 19 6K
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Instruction
MA/E Nagro WIDOWED DIVORCED	OCC. 16,1921 44 yrs. Montals bays Hours Min.
10a. USUAL OCCUPATION (GIVE/kind of work done) during most of working life, even if retired) 10b. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MECHANIC AUTOMODILE	MARYLAND
13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
LIZE NEWNAM	FROTEJA: DOWNS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT. Address /
(Yes, no, or unknown) (If yes give war or dates of service)	16 & nounan Condata Med.
78. CAUSE OF DEATH [Enter only one cause-per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	OR (15/04) ONSET AND DEATH
IMMEDIATE CAUSE (a)	20100101
F20 DUE TO	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED?
6 hrome a coholis	YES NO
208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Volume Al Colors 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 20m. 19 at work et work 19 19 19 10 10 10 10 10	1) attook on our against of
21. I certify that I took charge of the remains described above, he	ld an Autopsy 🗍, Inspection 🔀, Inquiry 🗍, and in my opinior
death resulted from: Natural causes . Accident . Sui	icide . Homlcide . Undetermined manner
I I I I	CHIEF MEDICAL EXAMINER
ACTUAL Town / / little	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE	DEPUTY MEDICAL EXAMINER 12 3 4444
EXAMINER'S NAME (Type)	Address (Street, city, town, or county)
238. BURHAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify) 3-17-66 BARRY & Ch	SPEL Talfat Rd.
24 FUNERAL DIRECTOR - AODRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Dimos & Markeson Fastas	Med. JAHR 16 1966 Clearles Judge
The silvertices (acon,	The state of the s

TAHOOK Times/and Euras CORTOVA CARDOUR NORRIS PHERRY OF ENERGY 100 16, 1921 44 100 No dec MECHANIC BUTCHERILE MARRYLONS Extende Daws Lige Newnen Ella & Marian Vardova. Pic Tallet Me Blue 18-17-66 BERRY DEMPEL 12 mis & Ridvale leader nd

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY TAL BOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: R a. STATEMARYLAND b. CDUNTY TAI	
b. CITY DR JOWN (if outside corporate limits, write ADRII (and give nearest town) 5 weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL Easton (rural)	and give nearest town)
d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) HOUSE IN THE PINES - EASTON	d. STREET ADDRESS ROUTE 3 -BX 95	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED WYATT PICKERING (Type or print)	Last 4. DATE Month OF MARCH	3 Near
MALE WHITE WIDOWED DIVDRCED	70/6/7889 /6 yrs.	Days Hours Min.
1Da. USUAL OCCUPATION (GIVE kind of workdone during most of working life, even if retired) Faming.	Rensselaer Co. N.Y. U.	ITIZEN DF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frederick Pickering 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17.	Nellie Greene INFORMANT Address	
(Vac no or unknum) ((If vac nive way or dates of corplica)	rs. Wyatt D. Pickering, Easto	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	is farealized.	yks.
Conditions, If any, which	0	
gave rise to immediate		
cause (a), stating the underlying cause last.		
TART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO LE LES MULLIFUS. (2) Chr.	REWIND FOID ACTION TIS	19. WAS AUTDPSY PERFORMED? YES NO X
20a. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.	,)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLA: Hour a.m. p.m. 19 While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Coupry, street, office bidg., etc.)	inty) (State)
21. I certify that (I) (this hospital) attended the deceased from	11. 4 1965 to 3.3 , 196), that (I) (we) last
saw the deceased alive on 3.3 1965, and that	t death occurred at 1 P. M, from the causes and on t	he date stated above.
22a. SIGNATURE Shear. M.D.	D. ATTENDING MED. STAFF DIRECTOR PHYS.	ATE SIGNED
22c. PHYSICIAN'S NAME (Type) S. KRECH TR	22d. ADDRESS Easton, Md.	
23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY Burial 3/6/1966 Greenmount	Y OR CREMATORY 23d. LDCATION (City, town or cou	unty) (State)
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
MAURICE E. NEWNAM & SON, Easton, Md.	DAMAR 8 1956 Clean	en Judge

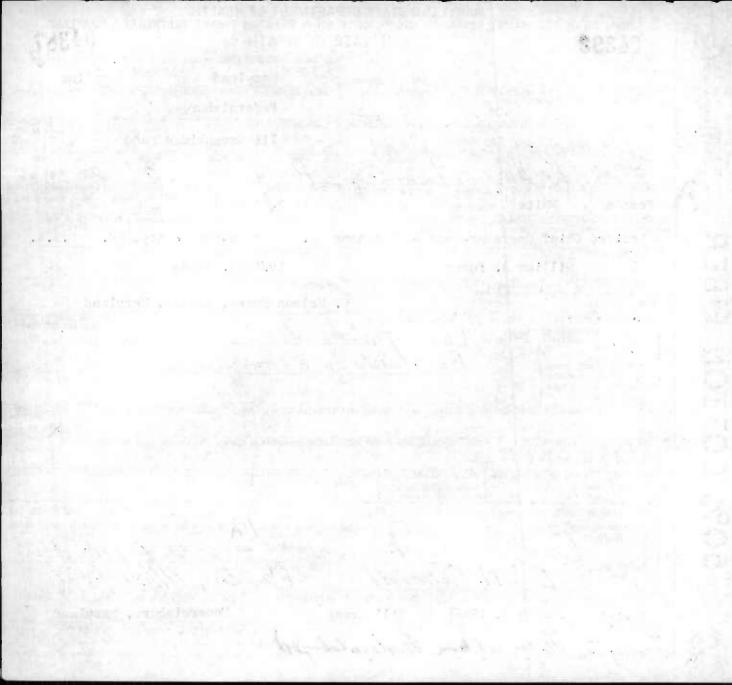
VR A15 (4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	9439	2		CERTIF	ICATE	OF D	EATH				(14)	30	7
1.	PLACE OF DEAT a. CDUNTY	H / /			11		RESIDENCE (Wh	ere deceased li			esidence	before at	(mission)
	a. CDUNTT	1 Albert		MARY	YLAND	a. STAT	E Marylar	nd	b. COUNT	Car	olin	e	
	b. CITY DR TDV	N (if outside corpora	te limits,	C. LENGTH OF STA		c. CITY OR	TOWN (If outsid		Imits, writ	e RURAL	and giv	e neares	t town)
	WITTE RURAL	and give nearest tow	(x dt	40	/n-		Federal	lsburg			06	-	2
	d. NAME OF HO	SPITAL OR INSTITUTIO	ON (If not in ho	spital, give street	address)	d. STREET	ADDRESS				8.	IS RES	IDENCE
	The	moRitt/	Ho	Sp.ta			216 Gr		e Roa	d	Y	ON A F	ND 🖺
3.	NAMÉ DF DECEASED (Type or print)	Reba	irst =	A Anc	29	Last		DATE DF DEATH	Month		Day 2	Ye:	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	-	. DATE OF E	BIRTH/	9. AGE (n years I				
	Female	White	WIDOWED	DIVORCE	D A	August	3 1905	60	Irthday) N	nonths	Days	Hours	Min.
10a dui	ring most of work	TION (Give kind of work king life, even if retire Chief Ope:	d) INI	DUSTRY	R ephone	_	PLACE (County & Dorches		gn country)		TIZEN COUNTRY?		
13	. FATHER'S NAM				Ĩ	14. MOTHE	R'S MAIDEN NA						
		William	A. Pusey	7			Lydia A.	Jones					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. S	OCIAL SECURITY N	D. 17. I	INFORMANT			Address				
	No	(If yes give was of dates of	it service)		W.	Nelso	n Pusey	Easto	n, Ma	ryla	nd		
	18. CAUSE DF	DEATH [Enter only on	e cause per lin	ne for (a), (b), and (c).] /		/					VAL BE	
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE		3× 17	11/17	10172/	2				UNSE	TAND	DEATH
	526	X DUE	TD O	//	4		. /						
	Cenditions, If		(b) /3	ron chas	1251	50-	Gelen 3	158177	>				
	gave rise to cause (a), s		TD				/						
Z	underlying caus		(c)										
CERTIFICATION	PART II. DTHER:	SIGNIFICANTCONDITIO	ONS <u>CONTRIBUT</u>	TING TO DEATH BUT	NOTRELAT	ED TO THE TE	ERMINAL DISEAS	ECONDITION	GIVEN IN P	ART 1(a)		WAS AU PERFOR	
CERTIF	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEA	TH NER)	ESCRIBE HOW INJU	JRY OCCUR	RRED. (Enter	nature of Injury	In Part I or	Part II of	Item 18.)		
		INJURY Month, Day,		JURY OCCURRED	20e. PLAC	E OF INJURY		20f. (City or	town)	(Cou	nty)	(5	state)
MEDICAL	Hour a.		While	Not While	factory	y, street, offic	ce bldg., etc.)						
2		m. 19 fy that (I) (this hos	at work	d the deserged i	From		. 19	tp		10	the	+ (1) (4	ve) last
		ceased alive Dn	ntan attenuet			death nccui	rred at /18		causes a				
	22a. SIGNATU		1	()	ond that		1 1 1 8		.	22b. D/			11
		Cers	m	The	M.D.	ATTENDIN PHYS.	G MED.	OR PHY	FF S.	2/	かかん	170	Ob
	22c. PHYSICH NAME (T	AN'S E (.H. S.	chmid	7	22d. AD	Bot	m, 1,	11/3:	441	in	7	
238	REMOVAL (Sp	ecify)	THEREOF 4, 1966	23c. NAME OF C				d. LOCATION Tederal					ate)
24	Burial FUNERAL DIRI	1	7, 1700	ADDRESS	4			REGISTRAR	25b. REC	SISTRAR'	S SIGNA	TURE	707
	7	- French	rul An	w F.	und.	changes	MAR ?	1966	fac	arle	y Ju	dige	
14	ramps	M CONTRACTOR	- WA HOUSE	201-00		1	AUL				-4	-V	



FOR STATE HEALTH DEP delay is the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page in pencil in Item 18. Give Poges 1, 2, and 3 to With the Stote Department of Health or its designated ogent, prior to buriol, cremotion, or remavol, and in ony event within 72 hours ofter death.

This certificate should be executed within 24 hours ofter death. If

5 moy be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 add.

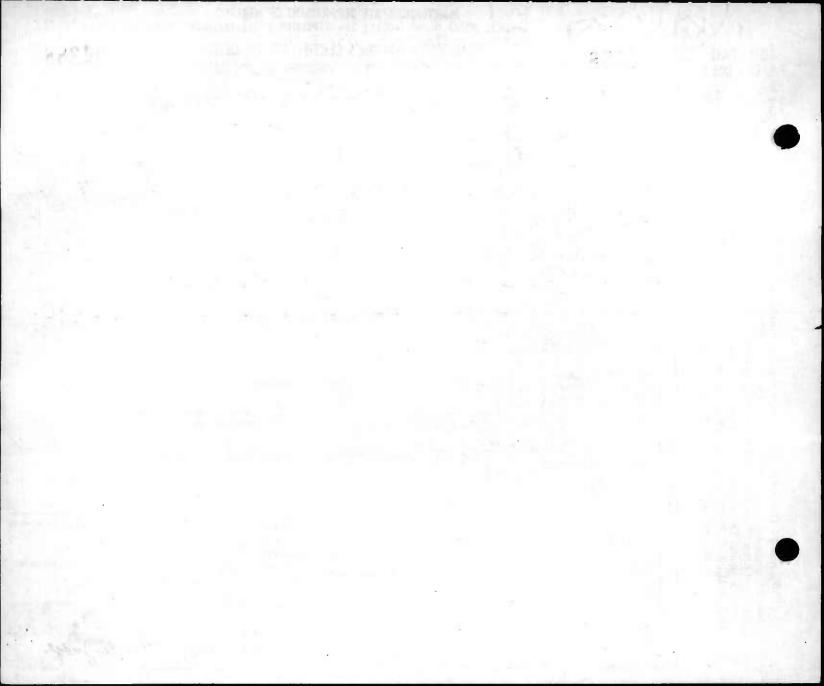
VR A15ME (5)

necessary, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS, Item 7 Film G37

4_	04393 MEDICAL EX	AMIMEK 2	CERTIFICATE OF	DEATH	04388
1.	PLACE OF DEATH G. COUNTY OF THE PROPERTY OF		2. USUAL RESIDENCE (WI	nere demased lived, if institution b. COUN	on: Residence befare admission)
	19100T	MARYLAND	1 11 (A)	id carporote limits, write RUR	100 par
	b. CITY OR TOWN (If autside carparate limits, write RHM) and give nearest town)	- SIAT IN ID	CART	/-	AL and give nearest town)
r	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street addr	ess)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
=	NAME OF First Mid	Idle	lan lan	4. DATE Month	YES NO P
3.	DECEASED	041111	Plast	OF O	01
5.	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER NEVER	MARRIED 🖈	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
1	10 - 10	IVORCED	June 9,191	7 Hast birthday) Yrs.	Manths Days Hours Min.
10 du	n. USUAL OCCUPATION (Give kind of work dane ing most of working life, even if retired) INDUSTRY	S OR	II BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13			MARY O	NERTON	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT	Y NO. 17.	INFORMANT	Addres	
(,	NO (11 yes give will dit dues di service) 244-12-	3647 K	UTHA.JOT	us Coi	RDOVA, MD
	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (i	().)	. 0		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ry or	ansun		
	Conditions, if any, which gave) (b)				-1800
	rise to immediate cause (a), stoting the underlying couse DUE TO				
	lost. (c)		P		
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
A	Hemorling from	mouth	\		YES NO X
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	JURY OCCURRED	. (Enter noture of injury in Po	art I ar Part II af item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE While Nat While at work at work at work	e for	ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.)	20f. (City ar town)	(Caunty) (Stote)
	p.m. 19 at work at at wark 21. I certify that I taak charge of the remains descri		eld an Autonsy	Inspection Inqui	iry , ond in my opinian
	death resulted fram: Natural causes , Accide		icide [], Hamicide [
	ACTUAL IN A NUIT		CHIEF MEDICAL E		22. DATE SIGNED
Н	SIGNATURE Som proving		M.D. ASSISTANT MEDIC		
L	EXAMINER'S NAME (Type)	TV	DEPUTY MEDICAL Address (Street,	city, town, ar county)	3-30-66
	2000 3-30-66 NEN	of CEMETERY OR	CENETERY	23d. LOCATION (City or Tow	(County) (State) 1A 1 bot Ma
2	FUNERAL DIRECTOR	ESS - G	2Sq. RECO	BY REGISTRAR 255 PEG	HSTRAR'S SIGNATURE
6	James D. Washell (ode	con //	DAME IN	T 1900 //	0



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY bon papers. Pages 1 within 72 hours after IGGN the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) by hours filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? NO X YES executed within completely carbon NAME DE Middle DATE Month Day Year DECEASED DF event, (Type or print) DEATH 19 and in any eve 6. COLOR DATE OF BILLYH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED 8. 9. NEVER MARRIED last birthday) Months | Davs and DIVORCED 0 WIDOWED yrs. physician and please-ru IOa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY? be INDUSTRY ousew certificate FATHER'S NAME removal, attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Address been signed by the atter the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) [(If yes give war or dates of service) law requires that the death 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which rise to immediate DUE TO cause (a), stating **DIRECTOR:** After this certificate has be age 3 should be detached for use as the lied with the State Dept. of Health prior underlying cause last. (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEQ? NO YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from 19 19 that (I) (we) last and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED ATTENDING A page ; MED. STAFF PHYS. DIRECTOR M.D. PHYS. TO HOSPITAL TO FUNERAL 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) Robert BURIAL, CREMATION, 23b. DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS A15

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after MARYLAND Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b by n papers. Pag vithin 72 hours write RURAL and give nearest town) hours Ξ. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 24 executed within ely. 3. NAME OF First Middle Last 4. DATE Month **OECEASED** (Type or print) DEATH anven 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RADE 8. DATE OF BIRTH 7. MARRIEDX NEVER MARRIED last birthday) | Months | remov male WIDOWED DIVORCED .= 10a, USUAL OCCUPATION (Cive kind of work done i 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT attending physician rmit. Then please lease and ir pe during most of working life, even if retired) INDUSTRY Road (ontractor lbox Maruland certificate 14. MOTHER'S MAIDEN NAME removal. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attent 0 (Yes, no, or unkown) (If yes give war or dates of service) death cremation. 18. CAUSE OF DEATH | Enter only one cause per line for burial-transit burial, cremat requires that the been signed by the burial-trans PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate the tr DUE TD cause (a), stating the prior underlying cause last. (c) has as PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) r this certificate h detached for use te Dept. of Health I for use CERTIFICAT hospital 20a. ACCIDENT WAS UNDERLYINC ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year (County) be de State I factory, street, office bldg., etc.) Hour a.m. Not While After p at work at work p.m. retained р the attended the deceased from shoul DIRECTOR: M, from the causes and on the date stated above. and that death occurred ats saw the deceased ali 3 showith 22a. SIGNATURE page ATTENDING MED M.D. PHYS. DIRECTOR PHYS. may O HOSPITAL TO FUNERAL 22d. DRESS 22c. PHYSICIAN'S should be NAME (Type) director, 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION town or county)

e. IS RESIDENCE ON A FARMY

Year

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

NO

(State)

(State)

PERFORMED?

YES

REGISTRAR'S SIGNATURE

25b.

REC'D BY REGISTRAR

du

YES

14-19

Day

Days

NO C

VR A15 (4) 1/65 REMDYAL (Specify)

FUNERAL DIRECTOR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath. kecuted within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14390	THI TOATE OF DE	-//111	0-000
1. PLACE OF DEATH	2. USUAL R	ESIDENCE (Where deceased liver	d, If institution: Residence before admissi
a. COUNTY	a. STATE	MI	o. COUNTY - 10 hat
h alty on Town discounting	MARYLAND	I'ld.	Reciae
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	OF STAY IN 1b C. CITY OR T	OWN (If outside corporate iin	nits, write RURAL and give nearest tov
	da. (017	to Eas	low Mid !!
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street address) d. STREET A	DDRESS	e. IS RESIDEN
Memorial Hospital	6171	love st	ON A FARM
3. NAME OF FIRST N	iddle Last	4. DATE	Month Day Year
(Type or print) Estelle	1 Than	DEATH	March 18 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER		RTH 9. AGE (In.	years IF UNDER 1 YEAR IF UNDER 24 H
JEMALE N WIDOWED IT	DIVORCED 1/-18-	-27 legt by	thday) Months Days Hours M
102. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS		ACE (County & State, or foreign	country) 12. CITIZEN OF WHAT
during most of working life, even If retired) INDUSTRY	1	16 t m. 1.	COUNTRY?
LABORER LOMES		ural Lan	4011
13. FATHER'S NAME	14. MOTHER	S MAHUEN NAME	11
Edward Opper	de	ta sen	Cens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC (Yes, no, or unknown) (If yes nive war or dates of service)		1-14	Address
(Yes, no, or unknown) (Tryes tive war or dates of service) 218-2	6-9692 Ella	con Men Ho	splital- Caster
18. CAUSE OF DEATH [Enter only one cause per line for (a),	b), and (c), X	7	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY:	73/100		ONSET AND DEAT
IMMEDIATE CAUSE (a)	13/1474		
446 X DUE TO 11	1 + 1 - 1	-	
Conditions, If any, which, (b)	er 1497510	//	
gave rise to immediate (1		
underlying seven last	1750 5 E/ 2x	19414	
	ATH BUT NOT BELATED TO THE TEE	MINAL DISEASE CONDITION OF	VEN IN PART 1(a) 19. WAS AUTOPS
TART II. OTHER STORM TOAKT CONDITIONS CONTRIBUTING TO BE	THE DOT NOT RELEATED TO THE TEN	MINAL DISLASE CONDITION OF	PERFORMED
2			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED. (Enter n	ature of Injury in Part 1 or Pa	art II of Item 18.)
	JRRED 20e. PLACE OF INJURY(Home, farm, 20f. (City or to	own) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC	factory street office	bldg., etc.)	(State)
p.m 19 at work at wo	rk .		
21. I certify that All (this hospital) attended the dec	eased from	, 19, to	, 19, that (I) (we) I
saw the deceased alive on 4 12 mar 18 19.			auses and on the date stated abo
22a. SIGNATURE			22b. DATE SIGNED / /
I William	M.D. ATTENDING	MED. STAFI	M / X/Voicho
22c. PHYSICIAN'S	/ 1 22d. ADD		1
NAME (Type) E-C-H 50	midt 1	-25/07/	MONTRIA
	ME OF CEMETERY OR CREMATOR	Y 23d. LOCATION (City town or county) (State)
Company 3-21-66 Ac	chargo (e	m-	Talkat Ka
24 FUNERAL DIRECTOR ADE	RESS 1 2		56. REGISTRAR'S SIGNATURE
Via a Chill heeld Part	- mali	MAR 2 2 1966	fillances Judge
James 16 and	DI FIRM / CLY	AREITTI W W	0 9

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	
04397	CERTIFICATE OF DEATH	04393

-	02007		0-000
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
	Talbol	a. STATE MARYLAND b. COBRE	NHNNE
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	E O SOO 5 days	COUPPNSTAIN	17-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Mamarial Unental	RT3	ON A FARM?
3.	NAME OF First Middle	77	YES NO NO
3.	DECEASED	Last 4. DATE Month OF	Day Year
5.	(Type or print) SEX 6. COLOR OR RACE 7 MARRIED NEVER MA	8. DATE OF BIRTH 9. AGE (In years IFUNDER)	1966 1 YEAR IF UNDER 24 HRS.
3.	MARKIED NEVER MARKIED	I have the transfer of the contract of the con	Days Hours Min.
1	PALE VUHITE WIDOWED DIVORCED	June 4 1959 6 yrs.	
dur	. ÚSÚAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY		TIZEN OF WHAT
	STUDENT	EASTON, MARYLAND	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JAMES EDWARD THOMPSON	BETTY LOU POET	
15 (Ve	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	MD,
(, ,	3, no, or unknown) (11 yes give war or dates of service)	DMES THOMPSON : QUE	eNSTAKIN/
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	miles may go	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
9	IMMEDIATE CAUSE (a) [Mettern]	nees	1000
9	Conditions If any which)	Commence of Paragrapes	lacus
	gave rise to immediate (b)	wors of various	990
- 4	cause (a), stating the DUE TO		
z	underlying cause last. (c)		Leo Man AllTopov
10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FICA		•	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
	Hour a.m. While Not While p.m. 19 at work at work	ory, street, office bldg., etc.)	
2	21. I certify that (I) (this hospital) attended the deceased from	3-18 .1966 to 3-23 .196	6. that (I) (we) last
		t death occurred at 145 M, from the causes and on th	
	22a. STGNATURE		TE SIGNED
	John & Bayleutt M.	ATTENDING MED. STAFF	24-66
	22c/ PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) John E. Paybutt M.	n 205 Earle au EASlon	nd
23a		OR CREMATORY 23d. LOCATION (City, town or coul	nty) (State)
200	BURIAL (Specify) MARCH 26 STEVENS		MD
24		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
1	6 d an 4 4 Ph 1 1181 1	MAR 29 1000 MM.	0 -
0	organd tank nurch fill of	nd DATE AR 29 1956 forante	y judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
	04398 CERTIFICAT								
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissio	n)						
_	h CITY OF TOWN (16 CITY OF TOWN (16 CITY OF TOWN IN THE	MARYLAND TALBOT	100						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town RURAL EASTON 20 - /	11)						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE	Œ						
	Easton Memorial	DN A FARM? YES ☑ NO ☐	1						
3.	NAME OF DECEASED First Middle Crype or print)	Trav DEATH Warch 7 1966	1						
5.	The state of the s	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI	-						
	7 WIDOWED DIVORCED T	Months Days Hours Mir	1.						
dur	a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
12	HOUSEWIFE OWN HOME	ORWIGSBURG, PENNA. U.S.A.	_						
13,	DA A	14. MOTHER'S MAIDEN NAME							
15	HRANK C. STERNER WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	_						
(Ye	es, no, or unkown) (If yes give war or dates of service)	-RED C. TRAY EASTON, MD.							
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN	N						
	PART I. DEATH WAS CAUSED BY:	of the comit onset and Death							
	IMMEDIATE CAUSE (a)	The contract of	-						
	Conditions, if any, which (b)								
	gave rise to immediate cause (a), stating the DUE TO								
Н	underlying cause last. (c)								
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO							
TIFIC	20a. ACCIDENT WAS LINDERLYING TO 1 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part L or Part L of Item 18.)								
CERT	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	facto	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) bry, street, office bidg., etc.)							
ME	P.m. 19 While Not While at work								
	21. I certify that (I) (this hospital) attended the deceased from								
	saw the deceased alive on 3 / 1966, and that death occurred at M, from the causes and on the date stated above.								
	ALLANDING MED. STAFF STAFF STAFF								
8	22c. PHYSICIAN'S 22d. ADDRESS								
	NAME (Type) Stephen P. Carney M.	D. Easten, Maryland 3/8/66							
2 3a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify) MARCH 12, 1966 S PRING 1	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)							
24	. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	Well Cank Baston.	SHA DAMAR 10 1966 gchanles Judge							
17			=						

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in finy event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		04399	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	04395
EALTH DEPT. ↓		PLACE OF DEATH COUNTY TAlhot	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Reside a. MARYLAND 21222 b. COUNBALT	
T any delay is 1, 2, and 3 ta mm. PM3. Page Department of its after death.	1	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)		c: CITY-OR TOWN (If autside carparate limits, write RURAL and gi	ve nearest tawn)
pary dell 2, and PM3. 1 partme after de		Ens	Ston DOA 43%m	DUNDALK	3 - 2
n n Depo		I. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
State De		Memorial	Hospital	6 LIBERTY PARKWAY	YES NO X
deal ve Pa with the St n 72		VAME OF DECEASED Type or print) GEORGE GEORGE	WILLIAM WELSH,	JR Last 4. DATE Manth OF DEATH MARCH	Day Year 26 1966
- 24-	S. :		MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IF UNDER	R I YEAR IF UNDER 24 HRS.
	N	IALE CAUCASIAN W	VIDOWED DIVORCED	SEPT. 9,1906 59 yrs. Months	Days Hours Min.
Item 1 Office 1 1 and 2		USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. C	ITIZEN OF WHAT OUNTRY? USA
	_	FATHER'S NAME	, dotbillipht	14. MOTHER'S MAIDEN NAME	ODA
		GEORGE WE WELSH,	SR.	ELIZABETH ZINKAND	
0 .=	IS.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	INFORMANT Address AS	IN # 2
executed anding in Medical permit.	(Ye	s, no or unknawn) (If yes give war ar dates af sen	214/18/2215 E	LIZABETH SPARKS WELSH	ABOVE
snavia be execute ward "pending" to the Chief Medica burial-transit permit mation, ar removal		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _	er line for (a), (b), and (c).)	Heron trases	INTERVAL BETWEEN ONSET AND DEATH
ard e Ch e Ch on, o		4201 DUE TO			
war the urial- nation		Conditions, if any, which gave rise to immediate cause (a),			
0 0		stating the underlying cause last.			
			IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
e, w farv farv	ATION				PERFORMED?
e certificate, shauld be fr files. 3 shauld be a shauld be in the prior to	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II of item 18.)	A
sho sho file 3 sh ant,	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19	20d. INJURY OCCURRED 20e. PLAN While Not While at work at wark	CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.) 20f. (City or town) (Co	ounty) (State)
irector. Page irector. Page ained far y IRECTOR: Pa designated		21. I certify that I taak charge of		eld an Autopsy 🔲 , Inspection 🔀 , Inquiry 🧻 ,	and in my opinian
GO tex ex e		death resulted fram: Natural ca		ide, Homicide, Undetermined manner [, ,
ease irect aincain des		ACTUAL D. La W.		CHIEF MEDICAL EXAMINER	AA DITT CIANTA
old all d		SIGNATURE Munitan Die	Erlesbra	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
necessary, please execute the funeral director. Page 4 5 may be retained far your DEVNERAL DIRECTOR: Page Health or its designated aga		EXAMINER'S NAME (Type)		DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	Loken lel
necessa the fun 5 may 70 FUNE Health	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		(Caunty) (State)
5 = 2 5 = 0		BURIAL 3/30/66	OAK LAWN	BALTIMORE CO.	MD.
VO ASSAUT (S)	24	SUNERAL DIRECTOR	ADDRESS X	250. REC'D BY REGISTRAR 2Sb. REGISTRAR S	SIGNATURE
VR A15ME (5)	4	VALTER STROOKS BRA	DLEY DUNDALK	MB ABMAR 30 1966 Client	Saste

MUNICAUD CAUCATOR

THE RELEASE WILLIAM WELFELD JE.

TANKER PRESENT & STEELING PRINCE

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